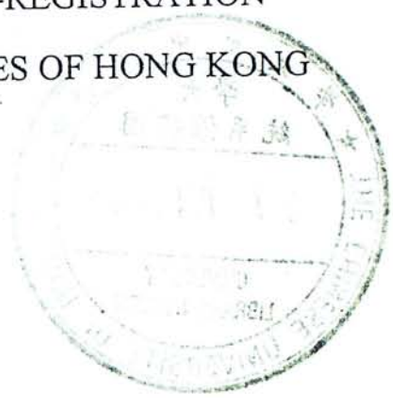
THE LIVED EXPERIENCE OF STUDENT NURSES ON CLINICAL PRACTICE AND THEIR PERCEPTION OF THE WARD LEARNING ENVIRONMENT IN THE PRE-REGISTRATION HOSPITAL-BASED NURSING PROGRAMMES OF HONG KONG



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ABSTRACT

The purpose of this study was to gain an understanding of student nurses' clinical practice experience who are studying in the pre-registration hospital based nursing programmes in Hong Kong. In addition, the quality of the ward learning environment was examined in light of some education concepts.

A broad qualitative approach derived from some of the philosophical perspectives of phenomenology was followed. Semi-structured interviews using open-ended questions were conducted with sixteen second year student nurses who came from eight different nursing schools. Both structural and content analysis methods were employed in data analysis.

Eleven most significant categories: the learning climate; quality of nursing staff; peers; patients; routines; ward climate; theory and practice gap; quality of care; ward- based examination and manpower identified in this study served to provide some insights into understanding of how local Hong Kong nursing students perceived their clinical practice experience. The findings of the current study indicated that student nurses' clinical practice experience was a training but not an educational learning experience. It was also found that the ward learning environment as perceived by the students provided a poor learning environment from the educational perspective.

In terms of the evidence of the present study, it was concluded that the pre-registration hospital-based nursing education in the practicum should be more educational in preparing professional nurses. Effective clinical curriculum that

follows educational principles with clear learning goals and activities should be set up. Students should make less service contribution during the period of clinical practice. More clinical supervision from the qualified nursing faculty and clinical nursing staff should be made available to student nurses. Mentorship or preceptorship systems could be developed to utilize the clinical expertise of clinical nursing staff. Whereas using routines as the way of organizing patient care should be discouraged. Theoretical learning in school and ward practice experience of student nurses should match with each other and the ward allocation should be made according to students' stages of learning. In addition, ward-based examination should be re-examined and re-evaluated to determine the appropriateness of clinical assessments in the nursing programmes.

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CHAPTER 1

INTRODUCTION

At the present moment, the majority of the Hong Kong pre-registration nursing programmes are still subsumed under an apprenticeship training model in which nursing students acquire the dual role as learner and worker. Student nurses are full staff members responsible for patient care. From past experience as a student nurse and staff nurse, it is believed that student nurses are always treated as "a pair of hands" rather than learners. Yet it has been argued by Clay (1987) that "excellence in preparation, by education, has to be the foundation for excellence in practice" (cited by Ogier, 1989, p.94.). The quality of nursing education is of paramount importance in determining the quality of nurse practitioners produced and in turn determines the quality of nursing care to clients. The pre-registration nursing programme should be able to prepare nurse learners to acquire the professional knowledge and skills in order to meet the clients' needs. Nurses have the right to receive proper education and at the same time, to practice high standards of patient care. Student nurses should not be used as a "cheap labour force" carrying out ritualistic nursing practices entrenched in tradition. They should not just carry out the instructions of doctors or be discouraged from questioning the relevance of their practice. Professional nursing education should be able to prepare students, not only to acquire information useful for the moment, but also to acquire a firm base to continue the development of new nursing knowledge relevant to the growth of the profession (Butterfield, 1989). As argued by French (1989), the purpose of professional nursing education is to develop a professional, critical-thinking, reflective and self-reliant practitioner who is patient-oriented.

Many authors (French, 1989 ; Vollman, 1990; Oermann & Reilly, 1992) argue that clinical practice is central to professional nursing education. Nursing is a practice discipline in which knowledge, skills and attitudes are acquired during

clinical practice. Clinical settings provide the arena for student nurses to actualize the abstract concepts learnt in schools in the context of patient care (Saijwandani, 1989; Reed & Procter, 1993). Nevertheless, studies also indicated that student nurses' learning needs were always forfeited during clinical practice, in which the service needs of the hospitals had the priority over the educational needs of the student nurses (Wilson & Startup, 1991; Smith, 1992).

The purpose of clinical practice is to provide student nurses with systematic learning experiences in the practice settings. Exposure to clinical practice experience is not synonymous with learning. Professional nursing education requires a conducive clinical learning environment with the support of skilled practitioners and educationalists (Quinn, 1995). The quality of the student nurses' clinical learning experience depends very much on how far the practice setting is structured as an educative arena for nurse learners which have been affirmed in many studies (Orton, 1981; Ogier, 1982; Lewin & Leach, 1982; Sellek, 1982; Fretwell, 1983; Windsor, 1987).

Based on the above notions, this author has the concerns about the quality of hospital-based nurse education in the practicum in Hong Kong. Students are assumed to have acquired the professional knowledge and skills once they are put into clinical practice. Yet, few research studies have been undertaken to examine the educational quality of the hospital-based nurse education in the practicum. The reality of clinical practice remains a relatively unexplored area in Hong Kong nursing education literature.

Therefore, in this study, student nurses' clinical practice experience is studied. This study will examine how student nurses perceive their clinical practice experience and the ward learning environment. In addition, the quality of the student nurses' clinical practice experience and the ward learning

environment will be examined in light of some educational concepts. With a better understanding of student nurses' clinical learning experience, one may be able to identify the learning needs of the nurse learners. At the same time, provides high quality patient care through the improved education of the student nurses.

CHAPTER 2

REVIEW OF THE LITERATURE

This chapter presents a review of literature organized around the following areas: background to the study; theoretical perspectives underpinning professional nursing education; educational concepts relevant to nurse education.

Background to the study

The historical development of nursing education, the professional development of nursing and the nature of Hong Kong nursing education will be presented in this section. This is crucial to the understanding of the nature of the studied phenomenon in this thesis.

Historical development of nurse education

With respect to the historical development of nursing, nurse education has long been subsuming under a training paradigm which began in Nightingale's time. In Nightingale's time, nursing was viewed as a practical activity and education mainly dealt with the acquisition of skills (Davies, 1980). Nurse training programmes aimed to produce intelligent and competent handmaidens to the doctors (Crotty, 1993). For almost a century in many parts of the world such as the United States, Australia, Canada and Israel, nursing education has moved on considerably. Currently in the United States, the majority of the nursing programmes are carried out in the tertiary education or schools of nursing to affiliations with tertiary institutions and student nurses have full student status. Whereas in Australia, the full transfer of nurse education into tertiary sector was completed in 1993 (Russell, 1990). However, Nightingale's type of nurse training still prevails as the main training paradigm in some places such as Hong

Kong. Although nurse education in Hong Kong has long been following the British nurse training model, it is now lagging behind that of Britain. With the implementation of Project 2000 in the United Kingdom, the traditional apprenticeship type of nursing training has now been replaced by the diploma-level nursing programmes as the basis for preparation of nurses. Student nurses on Project 2000 courses are supernumerary to the National Health Service workforce and are treated as students for the first time (Crotty, 1993). In addition, the plan for the complete integration of nurse education with higher education is in progress and is expected to achieve in the next decade (Fitzpatrick, White & Roberts, 1993). Whereas in Hong Kong, the first pre-registration nursing degree programme was only introduced since 1989 and the majority of the pre-registration nursing programmes still remain apprenticeship type of hospital-based nurse training.

The transfer of nurse education from the traditional training model to professional education is slow to develop. The emerging nursing elite associated with a tertiary education is regarded as a threat, not only to the medical establishment, but also to the nursing hierarchy (Altschul, 1992). The proposition of tertiary education for nurses is still not regarded as necessary for the initial preparation of nurses. Nursing is still bound by tradition and characterized as a female occupation with associated qualities such as devotion, dedication and sacrifice (Smith, 1982). The image of the past still shadows the nursing profession and hinders professional nursing education development.

Professional development in nursing

Apart from the historical influence, the development of nursing education is further complicated by the professionalization process in nursing. The concepts of professionalization are used to refer to the dynamic process whereby many

occupations can be observed to change certain crucial characteristics in the direction of a profession (Volmer & Mills, 1966). Chapman used the following criteria to define a profession: systematic theory needed to support practice; authority to practice; community sanction for action; control over action and development of a professional subculture. Nursing still falls into the "semi-professions" category when judged against Chapman's criteria (Hoy, Moustafa & Skeath, 1986). Nursing is still struggling for full professional recognition within the society. It is common to find that a University type education does not appear early in the process of professionalization of a profession. It is no wonder then that the consensus about the full transfer of initial preparation of registered nurses to baccalaureate level is not reached even among nurses themselves. The transition of nurse education from apprenticeship to an intellectual orientation is not an easy task to accomplish. In the U.S.A., even though baccalaureate programmes in nursing began in 1909, it was only after World War II that nurse training had moved into colleges and Universities (Welch, 1990). Whereas in Australia, it was not until 1984, that there was a final intake of hospital-based nursing students in New South Wales. It was not until the year of 1993 that the full transfer of nurse education into the tertiary sector was completed in Australia (Russell, 1990).

If nursing wants to claim itself to be a professional discipline, nurse education should be subsumed under a professional educational model. Nurse educators are challenged to transfer the nurse education programmes to tertiary level. Nevertheless, the mere transfer of nurse education to higher level cannot in itself solve the problems existing in nursing education. As pointed out by Greenwood (1993), new nursing programmes would merely furnish a broader range of more complex theory for students to learn and to view as practically irrelevant. The theory and practice gap in nursing education may be further exacerbated without any resolution being sought. Nurse educators should look at

the fundamental problems in nurse education, and question whether or not the nurse learners are being educated throughout the course of the programme. Both the theoretical and the clinical parts of programmes should be structured on educational principles in preparing nurse learners for the professional nursing role.

In short, nursing is still shadowed by the image of the past and its semi-professional status has had different degrees of impact upon professional nurse education development in different parts of the world. In this study, the focus is on Hong Kong nursing education.

In order to understand the significance of the research problem, an historical and contextual background of Hong Kong nursing education will be briefly presented in the following section.

Hong Kong nursing education

Historical origin of Hong Kong nursing service

The nursing service in Hong Kong has had a close relationship with the British nursing system from as early as 1873. This marks the beginning of the organized nursing services in Hong Kong. In 1890, a matron was recruited from England to run the expanded nursing service and the standard of nursing services was markedly improved (Poon, 1967). More hospitals were opened as the years went by and the number of student nurses trained in hospitals increased accordingly. From that time onwards, nurse training in Hong Kong had been largely under the influence of the British nursing training model which was largely subsumed under an apprenticeship training model (Lee, 1985).

Existing nurse training system in Hong Kong

Currently, the provision of registered general nursing programmes in Hong Kong is undertaken by ten Schools of Nursing which operate through nine public hospitals run by Hospital Authority and one private hospital. All the training schools received the Nursing Board's approval prior to the establishment of the courses (The Nursing Board of Hong Kong is a statutory body responsible for the regulation of the nursing profession). The Nursing Board standardizes the syllabus for nurse training in Hong Kong. Each nursing school plans its own curriculum with the approval of the Nursing Board.

The nursing schools provide a 3-year hospital-based programme for training general registered nurses. Out of 156 weeks, a minimal of 38 to 42 weeks are allocated for theoretical learning in the school and a minimum of 100 weeks or 4000 hours is allocated for skill and attitudes acquisition for clinical experience. The introductory course should be 8-10 weeks and should provide an elementary introduction to learn and practice basic nursing skills. This is subsequently followed by study blocks at regular intervals. Student nurses have to undergo three years' 'on the job' training and pass all the clinical assessments and examinations before they are qualified as registered nurses (Nursing Board of Hong Kong, 1989). Throughout the three years of training, student nurses have to provide a high proportion of direct patient care and provide a large part of the work force in the hospitals. This type of apprenticeship nurse training system has existed in the territory for nearly a century. (Copy of Syllabus is provided in Appendix 1).

Recent change in Hong Kong nurse education development

According to comments made by the World Health Organization about the role of nursing, it is said that nurses should " encompass the promotion of health, prevention of illness as well as the care of the physically and mentally ill, and disabled" (World Health Organization, 1990). The traditional role of the nurse as a hospital-based, disease oriented and skilled technician is no longer adequate to meet the ever increasing demand on nurses. To meet the challenging demand made to the new role of nurses, nurse education systems all over the world have undergone rapid changes. In response to the world trend in nursing education development, changes have also been noticed in the territory which aim to improve the quality of basic nurse education. The formal curriculum for the diploma course in General Nursing in Hong Kong recently has been revised (1989) with a view to incorporating more health concepts and to meet the clients' needs in various health settings. Since 1989, the Hong Kong Polytechnic has been providing a four-year undergraduate degree nursing programme with an annual intake of forty students. This is the first time that nursing students in Hong Kong assume the role of a learner and are supernumerary to the manpower needs of service. With the introduction of the supernumerary status of nursing students, the learning needs of students can be identified and programmes instigated within the clinical environment to ensure that students' learning needs are met. Moreover, by 1995, an additional one hundred and thirty university places will be provided for the pre-registration preparation of nurses. Nurse education within the University settings would certainly enhance the professional status and expertise of nurses within the profession. It also signifies a new era in Hong Kong nursing education development.

Predominant apprenticeship type of nurse training system in the territory

Despite the fact that recent nurse education development in the territory has made some notable improvement, the majority of the pre-registration nursing programmes in Hong Kong are still subsumed under an apprenticeship training model (French, Anderson, Burnard, Holmes, Wong & Chang, 1993). The service-led type of nurse training system is still predominant in the territory. Tertiary educational nursing programmes for preparing registered nurses are only in the embryonic stage in which the baccalaureate nursing students comprise only small proportion of other hospital-based nursing students. The first forty newly graduated baccalaureate students were only expected to join in the nursing work force in 1994. The majority of nursing students are still training in the hospital-based nursing programmes in which students learn to be a practising nurse as an apprentice.

Apprenticeship type of nurse education is based on the notion that nursing can best be learnt through practice and doing. Nursing is a practice discipline in which knowledge, skills and attitudes are learnt by doing. Knowing why and being able to do are a necessity for nursing (Martin, 1989). As in the studies by Alexander (1983), Davis (1984) and French (1989), it was found that most of the students indicated that the practice settings was the most influential place for them to acquire professional nursing skills and knowledge.

Nevertheless, under the apprenticeship type of nurse education, student nurses acquire the dual role as learner and worker in which student nurses form part of the work force responsible for patient care. During the three-year nursing programme, student nurses are regarded as a pair of hands in the wards and the service needs of the organization always have priority over the learning needs of the student nurses in the practice settings. As argued by Hoy et al., (1986), the

apprenticeship nurse training system nevertheless creates tension between the needs of the nursing students and the services needs of the hospitals. As in the study by Stone & Berger (1987), it was found that student nurses' learning needs in the clinical areas were overlooked and student nurses could not learn to apply newly acquired complex skills and knowledge because of the necessity to complete a given set of tasks assumed by a stable staff. Various studies had indicated that not all practice settings were able to provide student nurses with a good learning environment (Orton, 1981; Ogier, 1982; Lewin & Leach, 1982 ; Windsor, 1987).

With reference to the literature RCN (1985) and UKCC (1986), common weaknesses of traditional nursing education were identified. These were that service needs take precedence over educational needs; there are theory-practice discrepancies; there is inadequate preparation for and inadequate supervision during clinical placements. The learning needs of student nurses are always forfeited. The service needs always determine the placement of students and the rotation of the wards are without any educational implications for student nurses. As in the study by Davis (1984), it was found that trainee nurses were not assured of gaining relevant clinical experience or that clinical placements would correlate with the theory that nurses were doing. Whereas in Lauder's (1993) study, it was found that placements for students had priority over the learning needs of the student nurses.

By and large, although many authors argue that clinical practice is central to nursing education, ample evidence also suggests that student nurses' learning needs are always forfeited in the practice settings. Clinical practice experience is unstructured and the exposure to clinical practice itself is seen as the learning experience for nurse learners. Acquiring different clinical experience seems to satisfy the service needs of the wards rather than the educational needs of student nurses. Nevertheless, for clinical practice to be fruitful, nurse learners require an

educative clinical learning environment where the learning needs of the students can be fostered.

Based on the above discussion, there are concerns about the quality of the hospital-based nurse education in Hong Kong because the majority of the programmes still conform to an apprenticeship training model. It is argued that the quality of clinical education in nurse education has a significant impact upon the quality of nurse practitioners produced. Therefore, a study studying student nurses' clinical practice experience is undertaken.

Theoretical perspectives underpinning professional nursing education

Before discussing the quality of nurse education in the practicum, the theoretical perspectives underpinning professional nurse education will be firstly presented which are crucial to the understanding of the basic assertion of this study. The basic assertion of this study is that professional nursing education should be subsumed under an educational rather than a training paradigm.

Oermann & Reilly (1992) argued that professionals served an important role to society through the possession of expertise in a specific domain of knowledge which serves the needs of their clients. Professional nursing practice represents "clinical judgments derived from theories, law, knowledge, principles, and some intuition; use of specialized skills; and acceptance of the client as an autonomous being with inherent rights" (Oermann & Reilly, 1992, p.2). In order to prepare nurse learners for the professional nursing role, nurse education should go beyond training and instruction in which more general skills and capacity ties to practice independent, critical and accountable clinical judgement. Nurse learners should be prepared to develop nursing practice based on an educational model rather than a training model. As argued by French (1989), professional nurse

education should prepare the type of nurse practitioners who would criticize and change their practice as well as utilizes numerous intellectual, interpersonal and practical skills to make decisions and solve problems in the interests of the clients .

Moreover, the author accepts the assertion of Burnard that the traditional type of nurse training aims to produce a "standard nurse" who has only limited abilities and skills in a delineated practice model and could not meet the ever changing needs of today's world (Burnard, 1990). Professional nursing education should be able to prepare the kind of nurse practitioners who are competent and reflective in their practice, and who could provide client-centred, holistic care in a variety of different situations. If nursing claims to be a professional discipline, professional nursing education should subsume under an educational paradigm in which student nurses are provided with educational learning experiences throughout the programme which are essential for achieving professional excellence in practice. As argued by Schon (1987), professional education should "yield a curriculum adequate to the complex, unable, uncertain and conflictual world of practice" (p.12).

In addition, nursing is a practice discipline in which student nurses spend more than two thirds of their time in the practice settings learning to acquire the professional nursing role. As such, it is easy to see that the major influences on student nurses' learning arises from the professional socialization of nurse learners in the practice settings. As in a study by Melia (1987), it was found that professional socialization in the practice settings had a significant impact upon student nurses' clinical learning experience. Six factors were identified: learning the rules; getting the work done; learning and working; nursing in the dark; just passing through; and doing nursing and being professional. Other studies such as that by Fretwell (1980), Davis (1983), Ogier (1982), Orton, (1981) in which

significant others were identified as agents of socialization to the nurse learners in the practice settings.

From the above discussion, it can be concluded that professional nursing education should be subsumed under an educational paradigm so as to develop nurse practitioners who are reflective and critical in their practice. Nevertheless, clinical practice may be a weak element of professional nursing education. As in Bendall's study (1975), it was found that only 27% of students could actually use the theory learnt in school to guide practical performance. Bendall argued that clinical practice only highlighted the theory and practice gap, the education and reality. Therefore, it is essential to structure the clinical component of nurse education in a way that nurse learners are ensured to gain relevant clinical learning experience throughout the period of clinical practice.

Educational concepts relevant to nurse education

In the following paragraphs, some educational concepts relating to nurse education will be discussed as they provide criteria for an evaluation of the educational quality of student nurses' clinical practice experience in this study. These educational concepts are based on literature of general education as well as literature specific to nurse education, they are education, training and ward learning environment.

The nature of education

Three aspects of education namely the normative aspect, the cognitive aspect and the process aspect will be discussed (Peters, 1966). These three aspects of education will be used as criterion to assess the educational quality of the clinical practice from the curriculum perspective.

The normative aspect of education (Purposes of education)

Education implies "something worth while which is being or has been intentionally transmitted in a morally acceptable manner" (Peters, 1966, p.25). Garforth (1985) further expanded Peters' explanation and argued that education should exclude all influences that were not intentionally transmitted in a planned manner.

The cognitive aspects of education (Forms of knowledge)

Education should be able to provide another way for a person to look at the things from different perspectives. According to Peters (1966), being educated, the individual should not merely possess a knowledge:

> He must have some body of knowledge and some kind of conceptual scheme to raise knowledge above the level of a collection of disjoined facts. This implies some understanding of principles for the organization of facts...he must also have some understanding of the `reason why' of things (p.30).

Moreover, being educated, the man's outlook is transformed by what he knows. The knowledge that the educated man possesses " should characterize the way he looks at things rather than be halved off " (Peters, 1966, p.31).

The Process aspect (Teaching and learning process)

Education processes should deal with "leading out", "interest" and "learning by experience". Education is something that only the individual could achieve himself. On the part of the teachers, one should respect the learners. Teaching unites processes such as instructing and training with the intention of getting learners not only to acquire the knowledge and skills and modes of

conduct, but to acquire them in a manner which involves an evaluation of the rationale underlying them (Peters, 1966). Teaching is designed to increase the student's ability and inclination to employ critical, independent, and creative judgment. Students are encouraged to explore and have freedom to learn what is relevant to them. Education helps students to develop their own peculiar talents and capabilities. Education can also be regarded as the process of personal development in which students are helped to develop critical ability and the means of becoming more flexible and adaptable (Burnard, 1990).

The nature of training

Whereas training is used in the situations where some skill or competence is required the skill may be limited in scope. Training involves the mastering of some specific type of performance by means of practice but little emphasis is placed on the underlying rationale (Peters, 1967). Training emphasizes conformity to prescribed procedures and instructions in which the skills have to be undertaken. As pointed out by Crotty (1993), " training is usually associated with a well-defined course with a definite end point, and with an emphasis on the development of certain redefined skills" (p.1645-1646). Training is the activity in which people can go through some sort of routine, perform some kind of operation or tackle a problem in a skillful way (Peters, 1966). However, the acquisition of the skill may or may not be accompanied by the understanding of the principles in which the operation depends. As argued by Peters (1966), "`trained' suggests the development of competence in a limited skill or mode of thought whereas `educated' suggests a linkage with a wider system of beliefs" (p.32).

In short, education implies something worthwhile and has been intentionally transmitted with purpose. Both the teacher and the learner are aware of the educational activity in the process of education. During the process of

learning, learners are enlightened to practice independent and critical judgment according to the situations which arised. Being educated, learners possess a body of knowledge within a conceptual framework and understand rationales. The knowledge that the learners possess should characterize the way the learners look at things. The mere acquisition of skills and knowledge in an unquestionable manner is not education. A person who is competent in specialized skills, activity or mode of thought cannot be called educated but being trained.

The concepts related to education and training have been discussed and provide a theoretical base for an evaluation of the educational quality of student nurses' clinical practice experience in this thesis. Yet many studies found that the ward learning environment had a significant impact upon student nurses' clinical practice experience (Fretwell, 1980, 1983; Orton, 1981; Ogier, 1981, 1986; Melia, 1987; French, 1989). It is therefore crucial to understand the nature of the ward learning environment before one is able to understand how it can influence student nurses' clinical learning experience. In the following paragraphs, the nature of the ward learning environment will be discussed. Research studies relevant to ward learning environment will also be included.

It is noted that most of the studies related to the ward learning environment reviewed in this section were studies undertaken in UK between the period of 1980's and 1990's. The reasons for choosing UK literature between this period was that the nurse education system in Hong Kong has followed that of the UK system. In addition, the majority of studies began in the 1980's to systematically studying the ward learning environment (Orton, 1981). However, relevant studies before 1980s were also included so as to obtain a more thorough picture on the studied phenomenon.

The ward learning environment

The concepts of the learning environment and learning climate will be firstly presented as they are unique to the understanding of the nature of the ward learning environment (It should be noted that ward learning environment is used interchangeably with clinical learning environment). The concepts related to learning environment and learning climate discussed in the following paragraphs are derived from the general education literature and nursing literature. They serve to provide some insights into understanding the salient aspects of the ward learning environment.

Learning environment

Learning environment is a complex social context where learning occurs. A learning environment does not only mean the physical context but also includes the intellectual environment where the learning process takes place (Pieters, Breuer & Simons, 1990). There are multi-dimensional forces operating in this social context which influence the process of learning and teaching. Sheahan (1983) argues that learning environment consists of attitudes, expectation, groups, roles, social climate, teachers, and relationships between teachers and learners (Sheahan, 1983). Whereas according to Pieters, Breuer & Simons (1990):

> Effective learning has to be situated in a context similar to the one in which the skills will be used, that students and master or coach have to be active participants in this intellectual enterprise, and that cognitive processes are to be externalized and is placed for inspection and reflection. (p.40).

Learning climate

Learning climate is a multidimensional entity and consists of many factors such as administrative structure, curriculum, method of instruction, teacher and

student relationship (Vollman, 1990). Knowles et al. (1984) identify a learning climate as the one in which students are accepted, respected and supported as an unique individual to learn. A learning climate also stresses the importance of the physical, human, interpersonal and organizational properties and mutual respect, trust among teachers and students (Knowles, 1990).

Ward learning environment

According to Quinn (1988), ward learning environment refers as a holistic notion involving every aspect of a clinical setting namely clinical nursing staff, nurse teachers, other professional staff, student nurses, educational opportunities, other aspects, resources, patients and their significant others, nursing care delivery system and ancillary staff.

Spouse (1990) argued that clinical learning could be promoted in an environment where the individual feels accepted, valued and safe, and which results from previous knowledge and learning experience that can be considered from three dimensions namely the intellectual dimension, the affective dimension and the personal dimension.

In the following paragraphs, the impact of the ward learning environment upon students' clinical practice experience will be discussed under the above three dimensions. These dimensions provide the criteria basis for examining the quality of student nurses' clinical practice experience. Studies relating to the ward learning environment will also be discussed.

The intellectual dimension

The intellectual dimension refers to the student nurses' academic preparation for the clinical placement in which students are provided with the

necessary background knowledge to make the clinical practice relevant. The preparation of clinical staff and the careful selection of placement areas allow the matching up of theoretical input and clinical practice. Students can learn better when there are clear learning goals and reasons for activities in the practice settings (Spouse, 1990).

Nevertheless, many studies indicate that student nurses' academic preparation is not adequate for the clinical placements. Kramer (1974) used the term "reality shock" to highlight the theory and practice gap in nursing education. McCaughterty (1991) pointed out that textbook or classroom description of nursing care could never be the same as the real world experience. As in the study by Gott (1982), it was found that student nurses resented the fact that they were unable to practice the skills which they had been taught in school and pointed out that the "school way" of practice was frequently impossible to implement in practice. Teachers just failed to prepare student nurses for the conflicts between what they were taught in the school and what was being practiced in the ward. Whereas in the study by Wilson & Startup (1991) it was found that teaching staff and ward staff were not able to present the learners with a uniform approach in professional practice. Students were presented with both the ideal and practice reality in their pre-registration nursing training and came to recognize that what happens in the wards was different from what was teaching in the school after exposure to clinical environment.

Affective dimension

Affective dimension refers to the student's perception of caring for client groups, the perceived attitudes from the permanent nursing staff and the learning opportunities that existed in the clinical area (Spouse, 1990). In the past ten decades, many studies have looked at this dimension. Before the 1980s, studies were mostly on patient care and nursing practice with little attention being focused

on the ward learning environment and its impact on student nurses' clinical learning (Orton, 1981). Nevertheless, studies by Revans (1964), Bendall (1975) and Davies (1971) provided ample evidence to suggest that ward sisters played a key role in promoting a positive ward learning climate for the nurse learners.

Until the 1980s Fretwell first systematically studied the ward learning environment by using a Likert scale questionnaire devised by the researcher in which 87 learners were included in the study. In the study, Fretwell summarized the characteristics of a ward atmosphere conducive to learning as follows: sister and trained nurses showed interest in the learner, ensured good learner/staff relationships; were approachable, available, pleasant yet strict, promoted good staff/patient relationships and quality of care, gave support and help to learners; invited questions and gave answers and worked as a part of a team (Fretwell, 1980).

In a follow up of her previous study on ward learning environment, Fretwell (1983) carried out an action research project aimed at improving the ward learning environment. The project demonstrated the sisters' extended teaching role and identified characteristics of an ideal ward learning environment. The study further highlighted that the ward sisters and charge nurses, with the support of managers and teachers, could markedly improve the ward learning environment for student nurses.

Orton (1981) was interested to see if wards differed in their learning climate and how this related to the role of ward sister and the student nurses' clinical learning. A total of 395 subjects, sisters, clinical teachers, tutors and nurse learners were included in the study. Orton used a Likert scale questionnaire with two open-ended questions to collect data. Analysis of the data resulted in three

wards being identified as having a extremely low student orientation (LSO) and three wards as extremely high student orientation (HSO). Further study indicated that the learning process and preferred sister behaviours by the nurse learners in the wards were closely related. The ward sisters' commitment to teaching were discriminated significantly between HSO and LSO. The study demonstrated the importance of ward sisters in promoting positive learning climate in the wards.

Nevertheless, the ward sisters' significant role in promoting positive learning climate in the wards is not only found in Fretwell and Orton's studies. Other studies on students' clinical learning experience also highlighted the crucial role of ward sisters in promoting a positive learning climate in the ward (Marson, 1982; Ogier, 1981,1982,1986; Lewin & Leach, 1982; Ogier & Barnett, 1986; Melia, 1987; Smith & Redfern, 1989). In these studies, it was found that ward sisters' leadership style had a significant impact on the quality of student nurses' clinical learning experience. For instance, the approachable, learner-oriented and directive for work leadership style of ward sisters was perceived favorably by most of the student nurses.

Moreover, ward staff were also identified as the key person to influence the ward learning environment. Studies showed that students usually associated a good learning environment with high levels of teaching and supervision as well as a close and approachable working relationship with qualified staff (Marson, 1982; Lewin & Leach, 1982). As in the study by Marson (1981), it was found that most of the students regarded effective teachers as those who expressed an attitude of care and concern for the welfare of others and a commitment to the teaching of student nurses. Whilst in Ogier & Barnett's study (1986), it was also found that nurse learners looked to staff nurses for personal support and interpersonal skills and the expected teaching role of staff nurses increased considerably.

In addition, the perception of patient care and the organization of ward work was found to have significant impact upon student nurses' clinical learning experience. Windsor (1987) found that students felt personally fulfilled by the contact with patients. Wiles (1981) found that patient-allocation rather than task-allocation of work had a positive change on the learning experience of student nurses. However, the hierarchy and routine in the wards were found inhibiting student nurses' clinical learning (Fretwell, 1983; Procter, 1989). Melia (1987) found that most of the student nurses perceived themselves as workers and became adept at fitting in with the expectation of different members of permanent staff. Work was described as routine and heavy. Whereas Smith & Redfern (1989) found that students associated a good learning environment with wards that had a high patient turnover, and patients with a variety of diagnoses requiring acute, technical nursing and specialist medical intervention.

Personal dimension

Apart from the intellectual and affective dimensions, students' quality of clinical practice experience depends very much on how far the personal needs of student nurses are being met in the practice settings. Clinical settings are full of uncertainty and challenge and nurse learners have to face this during their period of clinical placement. Birch (1979) and Parkes (1980) found that student nurses were seriously affected by the occupational stress associated with staffing levels, style of ward sister and the nature of nursing. Nursing patients in acute settings was most stressful to students because nurse learners were unsure about their practice and the risks involved (Quinn,1988).

However, there seems to be a lack of qualified teachers to supervise students in the practice setting. Most of the time, students are left to handle their

clinical work and to learn on their own. Marson (1982) found that the majority of learning experience mentioned by the student nurses was self-initiated or internal learning arising out of experience. It was not usually a result of somebody else's intention to teach. Jacka & Lewin (1987) found that most of the students spent only a small part of time working with trained staff in the practice settings. Students were left to learn on their own and little constructive feedback was received. In support of this, French (1989) found that student nurses received most of their practical and emotional support from their peers rather than from the qualified nursing staff or nursing teachers. Nevertheless, student nurses are in need of teachers who express an attitude of care and concern for the welfare of others as well as a commitment to the teaching of student nurses. As argued by Jacka & Lewin (1987), good apprenticeship requires a substantial amount of close supervision of the apprentice by the master. According to Smith (1992):

> Student nurses felt better able to care for patient when they felt cared for themselves by the trained staff and their teachers. The account of caring from both students and patients suggested that 'caring' does not come naturally. Nurses have to work emotionally on themselves in order to appear to care, irrespective of how personally fell about themselves, individual patients, their conditions and circumstances (p.128).

Conclusion of the literature review

For years, the adequacy of clinical education received by student nurses has been a matter of concern and a number of studies concerning the clinical learning environment in hospital settings have been carried out. Although factors influencing the quality of learning in the wards have been identified and some of the findings have been used to implement some clinical projects which aim to improve the ward learning environment, evidence continues to suggest that student nurses do not receive adequate learning experience during clinical practice.

In addition, although previous studies on clinical practice provide insights into what constitutes a good learning experience for student nurses, few criterion are provided for one to examine the quality of student nurses' clinical practice experience. It can be argued that it is crucial to have some valid criterion to examine the educational quality of student nurses' clinical practice experience.

Moreover, many of the previous studies only focused on certain aspects of the ward learning environment such as the leadership style of the ward sisters, the learning opportunities or the ward climate. A number of studies use structured questionnaire methods to collect data in which the variables are identified a priori (Fretwell, 1980,1983; Orton, 1981; Ogier, 1881,1986; Ogier & Barnett, 1986; Smith & Redfern, 1989). Nevertheless, since little information is known about the studied phenomenon in the local Hong Kong situation, it is unwise to impose any pre-determined views or concepts based on the structured questionnaires of previous studies to structure the inquiry for the present study. Therefore, it was decided that an exploratory qualitative study focusing on student nurses' clinical practice experience was undertaken. In addition, student nurses' clinical practice experience was examined as an educational experience.

In short, it is asserted that it is timely to examine the educational quality of hospital-based nurse education in Hong Kong in the light of the long standing hospital-based training programmes and the emergence of transition to baccalaureate preparation.

In the next section, the research questions and purposes of this study are presented.

Research questions

Although previous studies on clinical practice of nurse education provide useful insights into what constitutes the quality of clinical practice experience and the ward learning environment, few research studies regarding the local Hong Kong situation have been undertaken. The literature search was undertaken to discover related research studies relevant to local student nurses but only one published research report was found (Lee, 1985). This study aimed to establish an understanding of the personality factors such as gender and educational level, of those joining the profession. It also identified nurse learners' perception of nursing, students' dislikes such as overcrowded and poor hospital environment, theory was hardly applied in practice, and cleaning and tidying the sluice room was considered important. The findings, however were only tentative and superficial. A highly structured questionnaire was used to collect data and there was no mention of how the sample was selected, thus questioning the representativeness of the study. In addition, findings were mostly presented in a descriptive form and only percentages and a summary of the responses on each question were given. The reality of clinical practice remains a relatively unexplored area and little is known about the local Hong Kong situation.

In view of the lack of information about the nature of clinical practice in local Hong Kong situation, there are following questions in mind: What are student nurses' clinical practice experience? What is the educational quality of student nurses' clinical practice experience? What is the nature of clinical learning environment? To answer the above questions, an exploratory qualitative study focusing on student nurses' clinical practice experience was undertaken. It is believed that the reality of clinical practice can be best understood by learning the ways in which student nurses defined, interpreted and attached meaning about their clinical practice experience. As argued by Husserl (1931), the nature of social

life can be best understood by studying the ways humans placed the external world into categories. Insights into clinical practice can be gained by studying the ways in which student nurses perceive their clinical practice as a consequence of their interactions with the clinical learning environment.

Purposes of the study

The purposes of the study are as follow:

1. To gain an understanding of how local Hong Kong student nurses perceive their clinical practice experience.
2. To examine the quality of student nurses' clinical practice experience in light of some educational concepts.
3. To examine the quality of the ward learning environment upon which student nurses' clinical practice experience is largely depended.

CHAPTER 3

RESEARCH METHOD

Research approach

Since there is little previous information about student nurses' clinical practice experience in local Hong Kong situation, it is found that an exploratory, descriptive design using qualitative methods is most suitable. As argued by Brink (1989), exploratory designs using qualitative data collection methods could allow researchers to uncover what is little known about the situation. Boyd (1990) also argues that qualitative approaches allow exploration of the human in ways which acknowledged the value of subjective experience and a holistic view of human experience. As such, empathetic understandings of subjective human experience could be enhanced.

Moreover, this study adopts the view that the reality of clinical practice could be best understood from the students' point of views since little is known about the local situation. It was unwise to impose any pre-determined views or concepts based on the previous research findings to structure the lines of inquiry. Any pre-conceived views held by the researchers about the studied phenomenon would only impose the researcher's view on the informants rather than unfold the meaning from the informants' point of view. The positivist quantitative approach largely based on logical-positivism and upon the value of measurable findings through controlled design and objective findings only offers a limited way to understand human behaviours. The quantitative approaches are either inadequate or inappropriate for the purpose of this study. As pointed out by Field & Morse (1991), quantitative methods might yield meaningless or incomplete results when little was known about the subjects.

In addition, as argued by Cormack (1991), human beings created meaning of their experiences in the social world through the interaction with the inner and external realities. Whereas the dynamic nature of the social world can be best interpreted and understood by qualitative approaches.

In this study, a broad qualitative approach derived from some of the philosophical perspectives of phenomenology was followed. Phenomenology acknowledges the complexity and richness of human experience and human' perceptions and actions are seen as meaningful (Keen, 1975; Brockopp & Hastings-Tolsma, 1995). Phenomenology attempts to discover the meaning of human experience as they are lived without any preconceptions (Spiegelberg, 1975). Based on this phenomenology perspective, it is believed that in order to understand the meaning of clinical practice to student nurses, one must try to make sense and understand the meaning of the informants' experience without preconceived notions to guide what have been found in the informants (Oiler, 1982; Omery, 1983; Knaack, 1984). Therefore, a study using qualitative approach was taken to study student nurses' clinical practice experience from the nurse learners' point of view.

In addition, as stated before, although this study does not follow particular qualitative approach, the constant comparative method adopted from grounded theory is used as the method of analyzing data (Streubert & Carpenter, 1995). Data are coded, compared with other data, and assigned to clusters of categories according to their properties (Glaser & Strauss, 1967; Stern, 1980; Strauss, 1989; Strauss & Corbin, 1990; Streubert & Carpenter, 1995). Constant comparative method can enable one to check out whether initial evidence is correct or not as well as to define the basic property of categories that emerged from the data (Glaser & Strauss, 1967; Hutchinson, 1993). However, it is acknowledged

that this study is not totally following the process of grounded theory with the purpose of generating explanatory theory. The intent of the study is to gain an understanding of student nurses' clinical practice experience as an aim.

Data collection method

In order to understand student nurses' clinical practice experience from their view points, semi-structured interview method using open-ended questions was used to collect data.

Interview methods were found as a valid method to study one' perception and experience in many qualitative studies (Davis, 1984; Windsor, 1987; French, 1989; Nelms, 1990; Beck, 1993; Baillie, 1995; Sheilds, 1995). The interview method allows investigators to enter the other person's perspective as well as to learn about the feeling, thoughts and intentions of the subjects that could not be obtained through observation. As argued by Patton (1987), interview method allows one to have a better understanding of the complex nature of human perception and experience.

Nevertheless, the structured interview was found not appropriate for this study. Any form of highly structured interview or questionnaire format would hinder understanding of how the informants themselves viewed the studied phenomena. As argued by May (1991), structured interviewing assumes that the salient parameters of the study are known which is contrary to the underlying principles of qualitative research. Therefore, in this study, semi-structured interview method using open-ended questions and limited structured probing and clarifying was employed. The semi-structured interview method using open-ended questions allows the interviewer to focus on the topics which are critical to the understanding of the studied phenomenon, whilst still allowing the interviewees

freedom in defining the content and direction of the interview. As argued by Streubert & Carpenter (1995), open-ended interviewing facilitates interviewer to follow informants' ideas and the expression of the lived experience by the informants.

All the interviews were conducted in Cantonese. This was decided because informants' first language was Cantonese. And it was believed that informants would express themselves more accurately in their first language. In addition, interviews were all tape-recorded because it was felt that more information could be retained and the interviewer could listen attentively.

Selection of informants

The target population were student nurses who were studying in the hospital-based nursing programmes in Hong Kong. At the time, there were ten Schools of Nursing with approximately 2000 student nurses. As argued by Glaser & Strauss (1967), Bogdan & Biklen (1982) and Morse (1991), researchers should select a participant according to the needs of the study. Since there is little information about the studied phenomenon in local Hong Kong situation, it is essential to obtain a broader knowledge about the studied phenomenon rather than to obtain atypical experiences from the informants of one particular institution. Therefore, it was decided that informants should be recruited from the eight nursing schools that had agreed to participate in the study. As such, different views of the informants who came from different institutions could be obtained.

Nevertheless, it was thought that it was necessary to limit the sample size but at the same time, obtain the best informants so as to maximize the chances of obtaining data that were comprehensive and relevant to the study. Therefore, it was essential for the researcher to have control over the sampling by mean of

primary selection. As pointed out by Morse (1991), with primary selection, the researcher was aware of who would be good to talk to before inviting them to participate in the study. As in the present study, it was found that student nurses who were at the end of their second year of training would be the best informants (total 284 in number). The reason for choosing the second year student nurses was that second year students would have sufficient clinical experience to be able to comment on a variety of situations without being fully socialized into the norms and values of qualified nurses, as may be the case with students who were at the end of the programme of study. As results from the pilot study indicated that third year student nurses were too concerned with learning the staff nurse role. Although third year students' comments provided rich information regarding the clinical learning experience of student nurses, the responses were too limited in scope in illuminating the studied phenomenon. This was because their comments were mostly related to the examination and the future registered nurse role. Nevertheless, if first year student nurses were chosen, their clinical experience might be limited in scope and students' practice experience would only focus on their initial clinical experience. Based on the above reasons, second year student nurses were chosen.

Nevertheless, due to the fact that the potential informants were not known to the researcher, as a starting point for recruiting potential informants for this study, a group of potential informants (four from each of nursing schools) were randomly selected from each schools of nursing. Although random sampling seems to be inappropriate for qualitative research, it is acknowledged that the use of randomly selection method in recruiting the potential informants in the current study is not to ensure the representativeness of the informants or generalisability. Rather, the randomly selection method is used to obtain a list of potential students who may be willing to participate in the study. In addition, it can also minimize the self-selection of the informants by individual nursing schools. Random

sampling was achieved by the application of a list of random numbers to a list of potential informants.

After having a list of potential informants by randomly selection method, potential informants were individually approached to see if they were willing to participate in the study or not. It was important to recruit the informants who were both voluntary and were willing to participate in the study. As pointed out by Morse (1991), good informants must be the one who are willing to share the experience with the interviewer.

The total number of informants was sixteen. This sample size would provide sufficient varied sources of data without making the data transcription and analysis process unnecessary cumbersome. Despite Morse (1991) suggests that it is to continue collecting data until no new information is obtained as the guideline for determining the sample size, due to the time and practical constraints, it is found not practical for the present study.

Preliminary interviews

Prior to the pilot study, some preliminary interviews were undertaken to develop the interview questions and interviewing strategies for this study. In addition, the researcher wanted to have some feel for the interviewing process, as a form of interviewer training

The preliminary interviews were carried out in a conversational style in which it was hoped that the interviewees could freely express themselves. However, the interviews turned out to be both directive and disorganized. This was probably due to the fact that the interviewer (author) was a novice in conducting interviews and was too anxious to keep the interview going. On

reviewing the audio-tape recording, it was found that the interviewer was too quick to ask successive questions whenever the interviewees stopped talking. Moreover, the interviewer seemed to collect the data from her own preconceived notions of the studied phenomenon rather from the perspective of the informants. This was not the primary aim of this study. Finally, it was decided that a more non-directive approach should be adopted and a semi-structured interview using open-ended questions would be followed.

The following open-ended questions were prepared for the interviews. Nevertheless, it should be noted that the open-ended questions were not the sequence of questions that had to be asked during the interviews. Rather the open-ended questions were just used as the topics guide to keep the informants on the topics during the interviews. As pointed out by Walker (1985), the interviewees will feel constrained by guessing what the interviewer wants to know if the interviewees have no clear idea of what the researcher' interests and intention (Walker, 1985). Nevertheless, it is acknowledged that "non-directive" style of interviewing is adopted during the interview in which the informants are encouraged to ramble in any direction they choose.

<u>The open-ended questions:</u>

1. Can you tell me what you remember most about your past years of clinical practice in the wards? (Opening question)
2. Can you tell more about your working conditions in the wards? (Follow up if necessary)
3. Can you tell more about your learning conditions in the wards? (Follow up if necessary)
4. Do you notice any difference between the wards? (Follow up if necessary)
5. Is there anything else about your clinical experience and ward experience you can tell me more about? (Final follow up)

Pilot study

Following some preliminary interviews, pilot study was undertaken. A total of four pilot interviews were carried out. The participants were all volunteers whom the researcher met in the practice setting. All the students were in their final year of training. The aim of the pilot study was to develop the interviewer's research skills in interviewing. As pointed out by Benoliel (1988):

> Effective observer-interview need to bring knowledge, sensitivity, and flexibility into a situation. Interviewing is not an interpersonal exchange controlled by the interviewer but rather a transaction that is reciprocal in nature and involves an exchange of social rewards (p.211).

It is believed that it is essential for the interviewer to help the informants describe their lived experience without leading the discussion. Therefore, the interviews were carried out in a relatively non-directive way. The opening question was used to introduce the major theme of the interview to the respondents. A conversational tone was used throughout the interview and minimal probing was used. The informants were encouraged to tell about their clinical practice experience. The informants were allowed to follow their own free association as much as possible and very little topic control was used by the interviewer. Only minimal encouragement such as "nodding of head" , " Is there anything else about ? Can you tell me about.... That's interesting I remember you said...Can you tell me more...." were used.

The interview proceeded by asking the follow-up open-ended questions if necessary. The purpose of the interview was to encourage the informants to tell their experiences that were related to their clinical practice experience. The

interview ended when the informants had exhausted their descriptions in the interviews.

Although the informants had been initially contacted by the interviewer before the interview, further explanation was necessary prior to the interview. It was done mainly to help the interviewees to crystallize her perception of the interview's role and to create a "set" which was appropriate to the required data. The opening dialogue is in Appendix 2.

Results of the pilot study indicated that the interviewing techniques was useful to elicit appropriate information. It was not difficult to get the informants to talk about their clinical practice experience. The opening question was found useful in encouraging the informants to tell their clinical practice experience. Whereas the open-ended questions provided useful topics guide to keep the informants to tell relevant clinical practice experience. In addition, the interviewer also felt more at ease about interviewing people as a result of more confidence gained from practice.

However, it was also found that the interviewer was still, at times, tempted to ask leading questions. This may be due to the fact that the interviewer still had some pre-conceived notions about the studied phenomenon and asked some leading questions during the interviews. Therefore, in the coming interviews, the interviewer would ensure that biassed or leading questions would be avoided by adopting a more non-directive interviewing technique.

Gaining access and data collection

Approval was gained from the Clinical Research Ethics Committee of the Chinese University of Hong Kong to undertake the study in the nursing schools.

Permission for undertaking the study in the Schools of Nursing was sought from all the nursing schools who were providing the pre-registration hospital-based nursing programmes for registered general nurses in Hong Kong (ten in number). A copy of the research outline was sent for their reference. After initial contact, eight of the nursing schools agreed to participate. However, some Schools of Nursing found it difficult to allow the interview to take place during school time. It was important for this study to standardize the interview context. Because of this, it seemed that it was more feasible to interview students during their clinical placements. Therefore, it was decided that all the interviews would be conducted outside school hours.

Once it was decided that the a list of potential informants were randomly selected from each of schools of nursing, letters were sent to corresponding schools to further explain the arrangement and requests were made to obtain the name lists of available students. Once the potential informants had been selected by random tables, each potential informants was contacted by personal letter explaining who the researcher was and the purpose of the study. In the letter, the contact telephone number was given to the students if they would require further information about the study. Moreover, the potential informants were asked to give a contact telephone number for the use of the researcher and each of the participants were individually contacted by phone to ask if they would agree to be interviewed. At the same time, it could further explain the details of the study to the students which would certainly enhance the participation of the subjects in the study. Clear explanation was given to the participants on how their names had been obtained for this study. Their participation in the study was entirely voluntary and students were free to withdraw from the study and not to answer any questions at any time. Strict confidentiality and anonymity for each respondent are assured. In addition, it was found that this initial contact between the author

(interviewer) and the interviewees helped to set up the interview climate for the coming interview.

Nevertheless, two of the schools found it difficult to give the name list of the students for random selection. Therefore, a compromise had to be made. A briefing session with the students had been arranged by the schools to allow the author to explain the purpose of the study to the students. After explaining to the students, two students were randomly selected in front of the class. This was achieved by the application of random numbers to a list of student personal identification numbers. The selected informants were asked if they would agree to participate in the study or not. Nevertheless, the first two students that were selected were not willing to participate and two other students were selected. Then a letter was given to each of the corresponding students to further explain the detail of the study (Appendix 5). Interviews were arranged with individual students accordingly. Informed consent was sought from each individual in writing (Appendix 6). The time and place for conducting the interviews were arranged with each individual. The interviews began in early September and were finished by the end of October.

Most of the students who were randomly selected were willing to participate in the study after clear explanation had been given over the phone. Nevertheless, three students who were found not willing to participate and three other students were recruited instead. As pointed out by Morse (1991), it was important to recruit informants who were willing to tell their experience with the interviewer.

All the interviews were conducted by the researcher and were tape-recorded and transcribed which lasted approximately thirty to forty-five minutes. The longest interview lasted for one hour and twenty minutes. The interviews ended

when the informants had exhausted their description in the interview. All the interviews were conducted either at the informants' quarters or places within the hospital campus. Demographic data like age and educational background of the informants were also collected from the informants after each interview.

The interview was semi-structured, beginning with the most open-ended questions. The students were encouraged to tell their clinical practice. In the first opening question, the informants were asked what they could remember most in their clinical practice. The first opening question was found useful to help the informants to recall their clinical practice experience. In addition, most of the students saw the interviews as an opportunity to share their experiences with one of their colleagues. Therefore, it was found that most of the informants were willing to share their clinical practice experience with the interviewer. Only minimal encouragers and follow up questions had to be asked by the interviewer in order to encourage the informants to further articulate their experience related to clinical practice.

In addition, after the interviews, the researcher would usually stay behind for 10 to 15 minutes to engage in some informal conversion with the informants. It was found that additional insights could always be gained about student nurses' clinical practice experience through this informal talk. Although the informal talk with the informants were not tape-recorded, notes were taken immediately after each interview.

Transcription, translation and back translation

The verbatim transcription of audio-recordings was the data base for this study. The researcher found that the quality of the transcription was important in determining the credibility of this study. Although professional translators were

not employed for translation and back translation, the people who did the translation of the interview verbatim were familiar with the subject matter of the interview. In the following paragraphs, issues related to transcription, translation and back translation are discussed.

Transcription

" Transcripts are accurate and useful to the extent that the researcher understands their constructed reality, the need to be selective concerning what about the interview event must be preserved, the potential uses for transcripts that will influence the selection process, and the need for a consistent notation system" (Sandelowski, 1994. p.311). Since the purpose of this study was to understand the perception of student nurses about their clinical practice, the researcher found that the interview transcripts should be able to preserve the information content of the interviews as much as possible so as to understand the subjects' view in a meaning context. Therefore, it was decided that all the interviews would be transcribed word by word so as to represent the originality of the interview context as far as possible. Since all the interviews were conducted in Cantonese, all the interviews were firstly transcribed into Cantonese and this was subsequently translated into English. Nevertheless, the Cantonese version of the interview transcript was slightly altered because some of the Cantonese expressions and words could only be represented by vowel. All the transcriptions and translation were undertaken by the interviewer (the author).

Translation

The basic concern of translation is equivalence in which "the target text is equivalent in meaning to the original or source text" (Brislin & Freimanis, 1995, p.22). Nevertheless, during the process of the translation, it was found that the

problems associated with linguistic equivalence i.e. the vocabulary problems, the idiomatic problems and grammatical-syntactical equivalence were the most difficult to handle (Brislin & Freimanis, 1995). Basically, the grammar and syntax of Chinese and English are different. Equivalency in two sources of speech is hard to achieve. In order to provide some validity check on the adequacy of the translated interview transcripts, back translation was carried out. As suggested by Werner & Campbell (1970), back translation is the recommended way of mapping of equivalent sets of sentences from one language to another language.

Back translation

Three interview transcripts were randomly selected for back translation by two other people who were the author's nursing colleagues. Back translation is the process in which "the researcher prepares material in one language and asks a bilingual to translate it into the target language. A second bilingual, who has not seen the original version, then translates the material back into the original language" (Brislin & Freimanis, 1995, p.33). Discrepancies between two versions i.e. the translated and back-translated versions existed but, as pointed out by Brislin & Freimanis (1995), "should not be regarded as a flaw in the method but as a way to which items can and cannot be transmitted in the target culture" (p.36). The author found that it was worthwhile to have the audit check on the validity of the verbatim transcription in which the problems involved in translating qualitative data could be brought to light.

The process of back translation was quite complex. The grammar and syntax of Chinese, English and Cantonese were basically different. In order to assure that meaning had not been lost in the translation, two people whose first language was Chinese were invited to cross check the meaning of the translated version of the interview transcripts with the original interview transcripts.

Comments from the two people indicated that the translated version of the interview transcripts could keep the meaning of the original interview transcripts. Although some discrepancies were found in some of the wordings and phrases, the original meaning of the interview transcripts were preserved. Therefore, it was assured that the meaning had not been lost in the translation to a certain extent. Samples of interview transcripts are given in Appendix 3.

Data analysis

The goal of data analysis was to organize data into categories for better understanding of students' clinical practice experience. During the process of data analysis, pre-conceived notions about the studied phenomenon was put aside so as to understand the data from the informants' perspectives (Omery, 1983). Data analysis had followed an inductive approach in which the pattern, themes, and the categories of analysis emerged out of the data rather than being decided prior to data collection and analysis (Patton, 1987). Both structural analysis (latent content analysis) and content analysis (manifest content analysis) were used to analyze the interview data in this study.

Structural analysis (latent content analysis)

Latent content analysis was most commonly used in qualitative analysis in which the passages were reviewed within the context of the entire interview so as to identify the significant meanings within the passages (Field and Morse, 1991). Latent content analysis enables one to see what patterns are in the data and which of these patterns in the data are crucial for interpreting the data.

Process of analyzing interview data

In this study, French and Burnard's methods of analyzing interview data were adopted (French, 1989; Burnard, 1991). The process of analyzing interview data were summarized as follow:

Label the data and establish a data index

The transcripts were read through in order to get "immersed in the data". As pointed out by Burnard (1991), the process of immersion helped one to become "more aware of the 'life world' of the respondents" (p.462). Later, the interview transcripts were broken down into units of analysis. Each unit of analysis was either simple sentences or several paragraphs which were able to provide unique understanding of the phenomenon of its own. Finally, a data index containing 692 codes was produced.

Classifying the contents of the data into meaningful categories

Later, the list of 692 codes were classified and grouped under higher-order categories. As such, a category list contained forty six categories/ clusters of themes were produced. Meanings were formulated from those clusters of themes. Table 3.1 shows the category list generated by the author. In Table 3.1, the column "number of informants" refers to the number of students who mention the issue in that category. The column " number of occurrence " refers to the number of times in which the issues in that category are mentioned by the informants. The bold lettering indicates the major category. Whereas the categories under the bold lettering are the subcategories of that major category.

Determining a common agreed category list of themes

An independent person was invited to analyse the interview transcripts. Table 3.2 shows the category list generated by the independent analyst. The

results of the two sets of categories arising from the separate analyses were compared and discussed. A common agreed category list was finally drawn up (shown in Table 4.1). The interview transcripts were then re-read alongside with the finally agreed list of categories and the categories were revised if necessary. It is noted that the major themes are identified by their recurrence in the data. Only those issues which have been mentioned by more than one half of the informants are considered as significant.

The reason for having another independent analyst was that it would provide an objective way to minimize personal bias of the researcher. As argued by Burnard (1991), by adopting independent analysts to generate category systems, the validity of the category system is enhanced and the researcher's bias in categorizing data could be safe guarded. Whilst Patton (1987) argued that important insights can be gained from two different people who separately analyze the data.

However, it is acknowledged that data analysis is not a linear but an iterative process. Data are constantly compared with other pieces of data so as to identify pertinent themes and issues pertinent related to student nurses' clinical practice experience.

Table 3.1
Category List by the Author

Categories/themes	Number of informants	Number of occurrence
Patients	15	4
Nursing staff	15	37
Staff and student relationship	9	19
Doing routine/simple & unnecessary things	15	62
Learning condition in the ward (too busy to learn, just learn to do the work)	14	32
Theory and practice gap	14	30
Senior students	11	29
Depend on own to learn	11	19
Good staff/bad staff	10	37
Examination	10	28
Fellow students	10	28
Work life: busy and toilsome	8	20
Quality of patient care	11	26
Learning nursing things	9	15
Manpower	7	9

Table 3.2
Category List by the Independent Analyst

Categories/themes	Number of informants	Number of occurrence
Patients	13	36
Quality of nursing staff	15	90
1. RNs teaching	15	38
2. Senior staff	14	52
a. bad and good staff	10	29
b. relationship with students	11	23
Routine work/Procedures/Menial	16	74
Ward learning climate	15	117
1. Own initiative to learn, lack of supervision	15	60
2. Just doing the work, not learning	11	29
3. Learning condition in the ward	8	15
4. Learning opportunity	8	13
Theory and practice gap	13	28
Peers/juniors/senior students	13	50
1. Senior students	9	26
2. Peers relationships and support	9	19
3. Junior students	3	5
Ward based examination	11	28
Ward climate	16	49
1. Busy ward	16	41
2. Working and learning	5	8
Patient centerdness	12	27
Medical model	14	31
Manpower shortage	8	15

Content analysis (manifest content analysis)

Apart from using latent content analysis method to analyze the interview transcripts, manifest content analysis method was also used to provide additional insights into understanding the interview data. Manifest content analysis was referred as the method in which the transcripts were surveyed for words, phrases, descriptors and terms that were central to the research topic (Field & Morse, 1991). Carney (1972) argued that the quantitative description of communication content in content analysis was meaningful and some forms of objective evidence could be provided to cross check the inferences that had been made and to have built-in controls on the validity of the final findings.

Berelson (1971) identifies six distinguishing characteristics of content analysis:

1. It applies only to social science generalizations
2. It applies only, or primarily, to the determination of the effects of communications.
3. It applies only to the syntactic and semantic dimensions of language.
4. It must be objective.
5. It must be systematic
6. It must be quantitative

With reference to Berelson's list of content analysis characteristics, it was felt that categorization and counting of nouns such as "people" might provide additional insights for one to identify the issues and people that were significant to the nurse learners.

The interview transcripts were surveyed for nouns such as nursing staff, patients, senior students, tutors, you, we, they etc. and several selected items (refer to table 4.2 and table 4.3). Frequency count on the number of times the nouns that were mentioned by the informants was carried out. NUDIST was used to count the occurrences of the nouns in the interview transcripts. NUDIST is a computer package designed for qualitative analysis.

CHAPTER 4

FINDINGS

In this chapter, data presentation is around the eleven themes identified from structural analysis. In addition, findings from content analysis will also be included so as to provide additional insights into understanding of the significant aspects of student nurses' clinical practice experiences.

Sixteen students had participated in this study. The informants were all female, age ranged from twenty to twenty-five. Thirteen informants were twenty and twenty-one years old. Twelve informants had no previous work experience before entering nursing. More than one third of the informants had reached Form six or Form seven educational level. The rest of the informants were Form five level. In term of their clinical practice experience, all the informants had got medical, surgical and specialty clinical experience.

Although student nurses' clinical practice experience is unique to each individual, the shared commonalties of the major themes/issues revealed in the current study provide insight into understanding the salient aspects of student nurses' clinical practice experience. The eleven themes identified in relation to student nurses' clinical practice experience were shown in Table 4.1. The eleven themes were as follow: ward learning climate, quality of nursing staff, patients, doing routine, menial task and unnecessary things, peers, ward climate, theory and practice gap, medical model, quality of patient care, ward based examination and manpower. Each of these themes will be described in more detail in the following paragraphs. Verbatim will be included to illustrate the findings.

Nevertheless, it should be noted that in order to keep the originality of the informants' verbal expression in the interview, the quotes shown in the finding

section may appear a bit fragmented and incomplete or sometimes may not be grammatically correct. This limitation had been taken into account and special attention had been given when interpreting the meanings of the interviews. In addition, as pointed out by Fellini (1986), "a language is not just a dictionary of words, sound and syntax. It is a different way of interpreting reality, refined by the generations that developed that language " (p. 110). It was being aware that it was inadequate to merely translated the words in some situations. Some of expression in the quotes might not make sense to the non-native Chinese speakers and they might find it difficult to understand some of the meaning in the translated interview transcripts.

Nevertheless, it was quite assured that the meaning of the interview transcripts would not be wrongly interpreted as a result of the translation. It was because result of the back translation showed that the original meaning of the interview transcripts were kept. In addition, both as the interviewer and translator in the current study, whatever any query arisen from understanding the translated transcripts, the original transcripts were referred immediately for reference and clarification.

Table 4.1
The Commonly Agreed Category List

Categories/themes	Number of informants	Number of occurrence
Ward learning climate	16	65
Learning in the ward	14	32
Depend on own to learn	11	19
Seeking opportunity to learn	8	14
Quality of nursing staff	15	93
Characteristics of nursing staff	15	37
Good and bad staff	10	37
Relationship with student	9	19
Patients	15	54
Doing routine/simple and unnecessary things	15	25
Peers	14	61
Senior students	11	29
Junior students	6	15
Fellow students	10	17
Ward climate	14	66
Busy and toilsome	8	20
Secondment	5	5
Busy and non-busy/ surgical/ medical wards	11	41
Theory and practice gap	14	30
Medical model	11	27
Learning technical nursing	9	15
Different wards experience	7	12
Quality of patient care	11	26
Ward based examination	10	28
Manpower	7	9

Themes/issues emerged from structural analysis

The eleven emergent themes identified in this study revealed how nurse learners viewed their clinical practice experience would be presented in this section. These eleven themes were found uppermost in the students' minds when students were asked to talk about their clinical practice experience.

Ward learning climate

The students in the interviews described the ward learning climate in some detail. The ward learning climate was described by students as busy and toilsome which was not conducive to clinical learning. To most of the students, going to the wards, it was just to pull their weight to work. As some of the students commented:

> There is lacking the learning atmosphere in the wards. We just do the work. Our responsibility is just to do the work.

> There are too many routines to do. It is really very busy. You won't have the time to learn other things except for doing the routine work.

Under such learning climate, many of the students said that learning in the wards have to be self-initiated. "Take own initiative to learn" and "self learning" were the common clinical practice experience among the informants. Many students said that they had to be self initiated in learning such as asking the staff nurses to teach them or asking for practice opportunities. If the students did not take the initiative to ask the staff, no one in the wards would bother to teach them. It seemed that there was lacking qualified teachers or planned clinical curriculum to structure the clinical learning opportunities for students.

Students did not know whom to approach. The following excerpts were exemplified from students' interviews:

> You have to depend on yourself. If you want to learn anything, you have to continuously ask for it. It you want to learn something, you have to continuously try very hard to ask for it. Then you are able to learn. You have to request for everything.

> You have to take the initiative to ask people, otherwise people would not teach you. Unless...you are PTS. (First year student)

> I think learning in the clinical areas... you have to depend on your own. No one is free to teach you. You have to depend on your own.

In addition, students pointed out that learning in the ward had to be determined by the amount of opportunities that were made available to them. For instance, the opportunity to see different cases and procedures as well as the opportunity to practice the learnt skills. To many of the student nurses, learning in the practice settings was full of uncertainty and unknown. Students would never know whether they would get hold the opportunity to learn or not. To most of the student nurses, learning in the practice settings was a matter of luck and fate which was beyond their control. "Seeking opportunity to learn" was the way in which students could learn in the practice settings.

Moreover, learning opportunities available to students varied across the wards. For instance, in some wards, students were given the chance to practice drug administration. Whereas in some wards, giving medication was considered as the work of the registered nurse. Learning in the practice settings had to be subjected to many practical constraints and that was beyond the control of the

students. One student typified the position of many students when she talked about her learning experience in the ward:

> If you want to learn something such as insertion of chest drain, and you are lucky enough to get someone to teach you, you get the chance to learn. Even you get the chance to learn such as insertion of chest drain , you may be told to do some other things and you do not have the chance to learn.

Moreover, students pointed out that they had to learn the things quickly. Merely on the basis of observing other people doing things on one occasion, students were expected to know how to do the things by themselves on the next occasion. Most of the time, students just did the work without knowing the underlying rationales for practice. The comment made by one student testifies to this:

> When you meet something you do not know, probably you ask people about that. However, the problem is that the staff nurses get no time to teach you. It is the most troublesome. Sometimes, the staff just ask you to do the things yourself and approch them when you get any problem. It is just like that. The staff would not show you on how to do the things. It is because the staff are too busy themselves.

Quality of nursing staff

Perhaps the most common feature of the students' account of their clinical practice experience was their description of the attitudes and behaviours of nursing staff towards them. The nursing staff were described by students as the one who got many things to do such as following the doctor's round, doing the paper work or writing the nursing kardex. Nursing staff were too busy to teach student nurses. Therefore, many students did not dare to ask the nursing staff to

teach them. Some of the students even felt embarrassed to ask the nursing staff to teach them because the students did not want to bother the nursing staff too much. Only when the students could not seek help from other fellow students would they approach the staff nurses for help. The following interview verbatim exemplified this:

> The wards are very busy and the staff have got a lot of work to do themselves. The staff nurses do not take any notice of you. You have to look up the things yourself.

> The staff may want to overlook you but they are too busy themselves. As a result, the staff just tell you to do the things yourself and it would be OK to do that. You just do the things by yourself. Clinical is just like that.

Moreover, many of nursing staff were described by students as reluctant to teach, lacking the initiative to teach or lacking the interest to teach. Many students said that it was difficult to find the nursing staff who were willing to spend some time to teach them. Some of the nursing staff even refused to teach the students but checked on the students to see if the students were doing the things right. Several students recalled their clinical experiences that some of the nursing staff just refused to spend the several minutes required to sign the "ward chart" for the them and asked them to find other people to do it for them. The "ward chart" is the record book of student nurses' practical instruction and experience. The nursing staff is responsible for signing the appropriate column when the student nurses have practiced under supervision and their performance has reached the required professional standard. Nevertheless, from the comments of student nurses, it was found that students had the difficulty in finding the "qualified teacher" to teach them. The students described this in the following ways:

> The staff seldom take the initiative to teach. It might be due to the fact that they are busy themselves. The staff have to write their own kardex. Therefore, the staff get no time to teach.

> Sometimes, it is difficult to find someone to teach you in the wards. Even though you ask the staff to teach you... it is not due to the fact that the staff do not want to teach you, it is because the staff cannot spare the time to teach you.

> Some of the staff would say to you that they are not proper in doing things, and ask you to find other people to teach you.

In addition, students pointed out that some of the nursing staff thought that it was time consuming or even a waste of time to teach nursing students to learn new things. If the wards were busy, the staff would do the things themselves rather than spend time to teach the students. Students were only taught to do the procedures and routines. Nursing staff were seen by students as the one who only concerned with "getting the work done".

Staff /students relationship

From the comments of the students, staff/student relationship was found to have a significant impact upon student nurses' clinical learning experience. The staff/student relationship was described by students as the "authority and subordinate" relationship in which students had to listen and follow whatever the staff nurses told them to do. Students told that they were discouraged from having their own ways of doing things and they only did the things as told by the nursing staff. Student nurses were kept under strict control and "obedience" was the absolute quality that student nurses should acquire. Most of the students thought that it was not possible to disagree with the staff nurses, they just let

things pass and did as they were told by the nursing staff. Some comments provided examples to this:

> Even though you think what have been done by the sisters and staff nurses are unreasonable, it is useless to talk to them. The sister and staff have got more authority power than you. They (staff nurse) will not listen to you. I think it is useless to talk to them. You just let it pass and do as told.

> Sometimes, you have some conflicts with the staff. However, I seldom argue with the staff. I just endure it. Just let it pass.

It was also found that some of the students held a rather negative attitude towards the staff/student relationship. Some of the students resented the fact that they were rebuked and scolded by the nursing staff just for making a minor mistake. The staff nurse represented an autocratic figure who exerted a kind of parental control over the student nurses. On the whole, students just found it difficult to develop relationships with the nursing staff because they changed the wards quite frequently usually every four to six weeks. Students said that the nursing staff would not develop any special relationship with the students and students were only treated as transient labour in the wards. Students felt that they were not treated as group members in the same way as the other permanent nursing staff. The staff nurses were seen by the students as the one who did the paper work and clearly distinguished the staff's work and the students' work. The staff nurses delegated all the minor and trivial things for students to do. Staff nurses would not take into account that the students were busy and would seldom help with the students' work.

Nevertheless, most of the students pointed out that they enjoyed working in a ward where there was a harmonious working relationship between the staff nurses and students and everybody worked as a team. Students felt most

comfortable when they felt themselves being a member of the ward team and had got a sense of belonging to the ward.

The characteristics of good and bad staff

In this study, the characteristics and attributes of good and bad staff were identified by the students. The bad staff were described by the students as the one who did not show understanding and sympathy for students. Bad staff were those who did not take the initiative to teach and just refused to teach student nurses. The bad staff were the one who showed signs of impatience when teaching the students. One of the informants related an experience that she asked a staff nurse to sign the ward chart but the staff nurse refused to spare five minutes to sign the ward chart for her and did not teach her a single word.

From the students' comments, it was also found "bad staff" were the ones who clearly divided the student work and the staff work. Bad staff only concerned with their "staff work" such as writing the kardex and following the doctor's treatment. The "bad staff" would not do the minor things such as emptying urine bags and doing the basic nursing care. The "bad staff" allocated the menial tasks for the student nurses to do. One student reported that a staff nurse did not answer a patient's call for a bedpan herself. Instead, that staff nurse walked a long way to ask a student to get the bedpan for the patient. In addition, "bad staff" were also the one who only aimed at getting the work done and did not place the patients in the centre of care. Some students' comments exemplified this:

> The staff just sit there and do nothing. The staff just order you to do this and that. You are required to do the most subtle and tiny things. The staff have been given such a high pay salary and they should not be just writing the kardex...Sometimes...you may think that there is no reason for you to be the one who do all the things in the wards.

> Bad staff are the ones who show an attitude that it is a waste of time to allow students to learn things.

> The ward sister was shouting at me. Her manner was very poor. Even my mother would not scold me like that. I think there is no reason for her to scold a student like that . She should not use that kind of manner to scold a person who shared the same profession with her.

Whereas the "good nursing staff" were identified by students as the one who showed concern for students and would help with students' work. Good nursing staff would take the initiative to teach and were willing to teach the students. They would also provide learning opportunities for the nurse learners. Comments by some students indicated this:

> Some of the staff are really very good. Before asking you to do anything, they ask you whether you know how to do the thing or not. If you do not know how to do the things, they teach you how to do that.

> Some of the staff are really very good. They give you the chances to learn things.

> The good staff would teach you to do the things as a whole. They do not just teach you to do the procedure steps but also tell you the reasons for doing the procedures as well. They really help you to learn things.

> Good staff are the one who show concern to you and care about your feeling.

Patients

During the interview, issues related to patients were often raised by the students. Although student nurses were the one who provided direct care to patients in the ward, many of the students stated that they had no time to attend to patients' needs and care was given in a compromised way. Students said that they were too busy with their routines and had little time to talk to patients. Sometimes, students did not know the patients' condition and patients care were only given in a routine way. Some of the students said that they felt sorry for the patients because they could not provide comprehensive care to them. Some of the students' comments testify this:

> There are too many patients. Patients are yelling to you all the time. You really want to answer the patients but you just cannot afford the time to attend them [patients] all. I really do not want to be like that .

> I just do the routines all the day. Sometimes, I really feel sorry for the patients because I could not provide proper care to the patients.

In addition, from the students' interview, it was found that patients were the students' source of satisfaction during clinical practice. When the students saw the patients making progress, they feel very happy. Some of the students commented that positive appraisal from the patients made their clinical life happier and better. However, sometimes students also found it hard to satisfy or to put up with the patients' never ending demand. Nevertheless, students thought that they should care for the patients conscientiously and tried to endure the patients as much as possible. As some students commented:

> If it is not busy, you can talk to patients, or to provide psychological care to patients. You feel more satisfied when you are able to do that. It is not just to change the intravenous infusion bottles, or to empty the urine bag or to take the temperature. I feel most happy when I am able to do that.

> Some of the patients are really very nice. They talk pleasantly with you. They cheer you up when they find that you are in a bad mood.

However, patients were also student nurses' source of stress. In the interviews, several students commented that they felt most stressful to care for some distressing patients. Students felt helpless because they could not do anything for the patients. Students felt sympathy for those patients who were dying young or who had got terminal diseases. Clearly the patients were students' source of joy but most frequently they were a source of stress. One student's experience of nursing dying patient represented many students' views on this area:

> Seeing patient with shortness of breath, dyspnea, sign and symptoms of shock and death...but it was NAR (No active resuscitation) and no special treatment could be given to him. You feel very pity for the patient. You feel miserable too. You could not do anything to the patient even though you saw the patient in pain and he was suffering. I felt whatever nursing care given to the patient seemed to be useless. You did not know what to do. I felt very miserable about that.

Doing routine, menial tasks and unnecessary things

The dominance of doing routines, menial tasks was evident in many of the interviews. Many students said that they just did the routine, the menial tasks or the unnecessary things while they were in their clinical practice. Much of their time was taken up doing the routines. When students told about their clinical

practice experience, they talked about the endless routines and menial tasks (taking the temperature, measuring blood pressure, urine testing, giving Ventolin, emptying urine bag, tidying the bed, doing the dressing). It was found that patient care was dealt out by many students in routinized batches. Students said that most of the time, they just worked according to the routine schedule of the wards. For instance, patients' oral hygiene care was achieved by the "treat mouth round". The bed ridden patients were offered a gallipot of gargle to rinse the mouth and that was all. In the mind of the students, doing the routine in the ward had nothing to do with learning. Students said that they had no time to practice their skills or to learn other things except for doing the routines. Students resented the fact that they only knew to do the routines but nothing else. One of the students told of an experience about herself. The student was asked by a patient about the disease condition, the student just referred the patients to the staff nurse because she found herself did not have sufficient knowledge of the patient's condition and did not know how to answer that patient.

The dominance of routine is exemplified by two quotes:

> Students just work for the routines. It is mainly concerning with the routines. When you go to the wards, the first routine is waiting for you. In p.m. shift, one has to listen to the ward report. In a.m. shift, there is no need for you to listen to the ward report. You just take the blood pressure and temperature, treating bed, tidying bed, feeding ....giving Ventolin. Then it is time for the second routine. Again, you take the temperature, blood pressure, giving Ventolin, ointment and the napkin round...

> Student nurses just do the routine all the time. Going to work in the wards, our aim is to finish the routines .

Apart from doing the routine, to many students, clinical practice was just concerned with doing the menial task and the unnecessary things. Students thought that those things should be done by the "amah" but not by the students.

For instance, students said that they were required to change the paper bags, to collect the bedpan, or to tidy the treatment room or sluice room. Several students resented the fact they were asked not to do the patient observation but to clean up the injection trolley or to tidy the sluice room

To quote other students':

> Students are asked to do the simple things, the trouble things, and the dirty things as well as the things that the staff do not want to do.

> To tidy things...it should not be done by the students. However, most of the time, it is the students who tidy the things. To tidy patients' lockers, to tidy the treatment room, just to tidy this and that. For instance, sending a X ray film to somewhere, it has to be done by student nurses. You just cannot understand why all these things have to be done by the students.

Peers

Peers emerged as a significant people influencing student nurses' clinical learning. From the comments of the students, it was found that learning among fellow students was common. Many students said that whenever they had anything they did not know, they approached other fellow students for help rather than seek help from the qualified nursing staff. From the students' interviews, it was found that fellow students were acted as the major resource person for many of the students. When students started to work in a new ward, students said that they usually seek "information and advice" about rules and regulations, the work schedule, the routine and the preference of the wards from other fellow students before going to the new ward to work. As one student commented:

> When I have encountered something that is different from my own way of doing, I discuss that with my classmates. For instance, I ask my fellow students about the side effect of the drugs or how to do the resuscitation. I have only got little experience of doing resuscitation. Therefore, I seek opinion and advice from my fellow students.

In terms of the evidence of the present study, fellow students was found to be an important support network for the student nurses. Apart from offering practical help to the student nurses, fellow students offered emotional support as well. Students said that they like to share their grievance and happiness with other fellow students and saw this as a form of emotional outlet. Many of the students shared the similar view with this student:

> I always share my clinical practice experience with my classmates. I feel better to ventilate my grievance and feeling in this way.

The significance of senior students to supervise the junior students was evident in many of the interviews. Senior students were seen by the students as the one who overlooked the junior students to work during clinical practice. When the junior students met anything they did not know, they said that they would approach senior students for help. Many students saw senior students as the knowledgeable person who knew the practice skills well and were more willing to help. Senior students were seen as more approachable than the nursing staff by most of the students. Good senior students were described as the one who were enthusiastic in teaching and were willing to guide the junior students to do the work. Good senior students would provide and arrange learning opportunities for the juniors. For instance, senior students would reserve the practice chance for the juniors. Many of the students said that they felt more ease when working with the senior students. In terms of the evidence of this

study, it was found that senior students acted as a substitute for "qualified teachers". Some of the students' comments testify this:

> If I got anything I do not know, I firstly ask the senior students because they are more close to you.

> If anything happen, I would seek help from the senior students. The staff do not have the time to help you because they are too busy themselves.

> The senior students are supposed to overlook all the other junior students in the wards. If anyone (junior students) has done something wrong, the senior students have got the responsibility to tell them to do the things right.

Ward climate

It was found that the nature of the ward climate was crucial to student nurses' clinical learning. Many students described the ward climate as busy and tiresome. The ward was just a busy place with a lot of work to do. To many of the students, working in the ward was both exhausting and miserable. Students said that they were busy all day to finish the endless routines and menial tasks. Students thought that they were treated as a pair of hands to work. Most of the students perceived themselves as workers rather than learners. In such a busy ward climate, students said that they had no time to learn. Wards were either perceived by students as busy or not busy. Medical wards were usually the busiest and not an ideal place for them to learn. Whereas surgical wards were more hopeful and interesting and got more things to learn. As some of the students commented:

> Working in the ward is really very tense. It's just like fighting a battle. Sometimes, I even do not have the time to go to the toilet. It's very miserable.

> There are a lot of things to do in the wards. There are so many work to do that you would be muddling along.

> I always feel myself as a routine doing machine. When I go to the ward, I just work according to the routine schedule.

> I feel myself more as a ward assistant or amah rather than a student nurse.

In addition, it was interesting to note that students were eager to point out that the secondment experience was like going for holidays. During Secondment, students were regarded as "extra pair of hands" and students did not require to work as usually they do in the wards. Secondment refers to the speciality nursing experience including community nursing, geriatric nursing, obstetric nursing and psychiatric nursing. Every student nurse has to undertake two out of four speciality nursing allocations. Usually student nurses go to another health institution for one-month speciality nursing experience. One of the students told her Secondment experience as follow:

> During the Secondment, you feel more relaxed. You go there to learn and do not need to shoulder much responsibility. You do not have much work to do. It is just like going for holidays. It is more relaxing.

The theory and practice gap

" The theory and practice gap" was common in the students' account of their clinical practice experience. Students commented that the schools' ways of practice were different from the actual ward practice. For instance, things taught in school were too ideal, abstract, impractical and a bit out of fashion. School ways of doing things were found detached from the reality. As a result, when students came to the wards, students found that the school ways of practice were

too ideal to be implemented in the wards. Therefore, students said that they had learnt to fit into the ward way of doing things. For instance, procedures were done in a short-cut way. Some interview excerpts exemplified this:

> Sometimes, in the school, the tutors showed you an instrument that was old fashion and was not currently used in the wards. The tutor tell you that the instrument that was currently used in the wards was just like the one she showed to you except the tip of the instrument was a little bit longer. Nevertheless, when you go to the ward, you just cannot recognize the instrument is the one that the tutor have shown to you in the school even though you see one in the ward. There is a big difference.

> The things learnt in the ward is different from what have been learnt in school. It is impossible to apply the school way of practice to ward. It is not practical. When you go out to work in the wards, you have to modify the way of doing things.

In addition, many of the students pointed out that the sequence of teaching in school and ward practice was not matched. Student nurses said that they were not guaranteed to gain relevant clinical experience according to their stages of learning in the school. Mis-matching of theory and practice sequence was common among students' clinical practice experience. Students said that they sometimes had to work in the specialty ward despite they had not learnt anything about that specialty before. In addition, junior students were allocated to acute wards where they were "frightened to death". Sometimes, the new PTS nurse who had only three months' basic nursing skills preparation was required to care for critically ill patients in the wards. One student's comment accounts for this:

> It is really a pity to work in a ward that you have not learnt anything about it in the study block. For instance, you have not learnt about neurology, but you have to work in the neurology ward. You have not learnt about paediatric, but you have to work in the paediatric wards... It is really very bad even to work in the paediatric intensive care unit. You do not know how to care those critically ill babies .

Medical model

In many of the interviews, it was found that students were most concerned with learning sophisticated medical and high technology knowledge such as assisting the doctor to do the major procedures or doing high technical skills. Students are fond of acquiring information about medical treatment of the diseases, performing resuscitation or operating ventilators. To many of the students, going to different wards, it was just to learn about different diseases and medical treatments. Medical treatment and diagnosis were seen as really skillful nursing work. Whereas the basic nursing skills were just regarded by many students as menial tasks in which little skills and knowledge were required. The care plan was just for the sake of school assignments and total patient care was seen as irrevalant. As commented by one student:

> Going to the wards, you probably want to learn something such as assisting doctors in doing some medical procedures or doing resuscitation. I think they are the "real nursing knowledge". Whereas the basic nursing care such as treat bed, feeding of patients are just simple and menial tasks. Everyone know how to do it. Even you are not a nurse, you know how to do that. Only minimal skills are required to do that.

The quality of patient care

"Quality of patient care" was emerged as an important theme in the students' interviews. Students were the one to provide direct patient care in the wards. From the comments of the students, it was found that sometimes students were left to do the things on their own despite they had not learnt the things before. As one of the students recalled her first experience of doing catherization and Ryles' tube insertion. The student said that she had only learnt the theoretical part of the procedures and had never practiced on a real patient. Nevertheless, she did the procedures on her own and with no one to guide her. Sometimes students just pretended to know the things well and did the things as told. As told by one student:

> When you meet something you do not know, just try hard to pretend knowing the things well and do that.

Students' comments also indicated that patient care was undermined under the busy ward environment. Students just found themselves got no time to attend the individual needs of the patients because they got too many routines to do. Students said that most of the time, they had no knowledge of the patients' condition and did not know who the patients were, and the patients were only cared for in a routine way. The majority of patient care was not only placed in the hands of the unskilled but also in the hands of the least knowledgeable. Comment from one student represents many students' views on this aspect:

> No matter what kinds of patients you have got, you only care the patients in a routine way. It is because you do not know the patients well and is ignorant of the patients' disease conditions. You do not know what should be given and what should not be given to the patients.

Moreover, most of the students had learnt to adapt to the ward way of doing things during their clinical practice. In order to finish all the work, many of the procedures and care were done in a shortcut way or even in an improper way. To finish the work in time was uppermost in the students' mind. Students said that sometimes they made up the readings if the wards were too busy. For instance, pulse was counted for 15 seconds and multiplied by 4 instead of taking one full minute. Students said that they had no other choice because work had got to be done in time. As some of the students mentioned:

> I had only got half an hour to take the temperature and blood pressure between half past six to half past seven in the morning shift. You certainly do the things in a most improper way. Even though you know it was not good, you could not do anything about that. There were so many people and there was no other way.

> Work has to be done very quickly. For example, taking the pulse rate. Although you have been taught to count for one full minute in school, in the ward, if the pulse is regular, you only count the pulse for 15 seconds at most .

Ward based examination

All the students had to undertake four clinical assessments during three years of training namely basic nursing care, administration of medication, aseptic technique and total patient care. Students had to be assessed either by the tutors, the ward sisters or the clinical assessors. From the comments of the students, it was found that students always worried about the ward-based examinations and most of the students did not like to be assessed in the wards. Taking ward-based assessments was quite stressful for many students. Usually from the second year

onward, students would be allowed to take two clinical assessments, AOM (administration of medication) and AT (aseptic technique). However, taking examinations in the wards had to be subjected to many external influences. For instance, students were only allowed to take the assessments in certain wards. In addition, students were only allowed to take the assessment if they had experience in that particular ward for a period of time (usually three weeks). Moreover, students had to be coached and verified by the clinical assessors before they were able to take the clinical assessments. Owing to the frequent change of wards, some students found it difficult to take the ward-based assessment which worried the students very much. The following comments were made by the students about ward based examination:

> Clinical assessment affect the work pace of the ward very much. When I was assessed on the administration of the drug, I found it very disturbing. It would be OK if you have got someone to help you to do the work in the ward. If not... if you meet someone who do not help you, you would be upset.

> Even though you do not have the confidence to take the examination, you are forced to take it. I am frightened to death.

> I really feel perplexed by the examination. Wherever we (student nurses) go, we think of the examination. You have to bear in mind to take the ward based examination all the time. The tutors, assessors would chase after you. Everyone of us worried about the examination.

Moreover, many of the students pointed out that they were lacking practice chance before taking their ward based examination. Students said that they had to strive for the practice chance. It was particularly true when taking the AOM examination. In the ward, student nurses were usually not the one who gave the medication to patients. Administration of drugs was supposed to be the work of the staff nurse. Only when the students were assessed on drug

administration, would they have the courage to ask the staff for the chance to practice drug administration. Students had to ask the nursing staff to reserve the drug round for them and to supervise them to do the drug administration. Students had to "beg" for the chance to practice. If not, students would be busy in doing the routines all the time. However, even the students did ask for the chance to practice, students sometimes found that the wards could not afford the time and manpower to supervise them. Therefore, students had to take the assessment even though they were not well prepared. The following quotes represent many of the students' views on ward based examination.

> The staff are not used to allow students to give medication. I had only had my first medication round one week before the assessment. Before that, I had not practiced drug administration because I did not have the time to do that. I did not dare to ask the staff nurse for doing the drug administration. Even though I did want to practice drug administration, the staff asked me whether I had finished my work or not. Chance for practicing drug administration is little.

> I have only practiced drug administration two times before taking my examination. The ward was too busy to allow me to have the practice chance. I was the only student working in the ward. Even though I requested the ward sister to allow me to practice the drug administration, the ward sister told me that she could not do anything about that. The ward had got many bottle feeding babies. However, when I finished the bottle feeding of the babies, the staff had already finished the drug round. Therefore, I got few practice chance prior to taking my examination.

Moreover, the examination requirement was different from usual ward practice. To get a pass in the examination, students said that they had to learn to do the things according to examination format. Students found the ward way of doing things varied greatly from the examination way of doing things. In the students' mind, taking the ward-based assessment was just like putting up "a show" for passing the examination. As related by one student:

> It is rather funny that you practice one way in the wards, and you do another way in the practical examination. I think it is quite satirical.

> The ways of doing things in the wards are different from examination. It is different from the examination. For instance, in the ward, there would not have two people holding the drug sheet and doing three checks and five rights when doing the drug administration.

However, it was quite interesting to note that, despite most of the students said that they disliked the ward-based examination, the examination did provide the learning opportunities for student nurses. Students said that they at least had "some excuse" to do the drug administration. In addition, students said that they were able to learn more things while they were preparing for their examination. It was because students could look at the patients' chart board and patients' conditions could be better understood. As one of the student said:

> While you are preparing for your examination, you get more chance to look at the patients' chart board and patients' condition can be better understood. You could have more chance to practice the nursing skills and are not just doing the routines all the time.

Manpower

Nearly half of the informants mentioned the shortage of manpower during the interviews. Most of the students commented that there was an increasing trend that few students would work in the wards. Students told their experience that there were four to five students working in one duty shift in the past. However, at the present moment, in one duty shift, there was only one student working in the ward. Students found that they could hardly finish the work in the wards. Due to the shortage of manpower, students resented that they had to be

on night duty at very close intervals (three to four weeks). Students also resented that they had much more work to do and had fewer chances to learn and fewer people to teach them as a result of shortage of manpower. As one student told her experience in the ward:

> It is really very miserable. In the past several days, I am the only student working in the ward. There are a lot of work to do like escorting CT, cardiac catherization, routines... If you have got several cases to be escorted in one duty shift, you feel giddy. You would not have the time to do other things in the wards. I hope there would have more people working in the wards.

Eleven themes relating to student nurses' clinical practice experience had been presented in the above section. The eleven themes were found uppermost in the students' mind related to their clinical practice experience. In the following paragraphs, findings of the manifest content analysis will be presented. By comparing the two, this will enable a confirmation of aspects of the structural analysis and provide additional insights into understanding student nurses' clinical practice experience.

Findings of content analysis

The content analysis was undertaken to provide additional evidence to cross check the inferences that had been made on the findings. Table 4.2 shows the result of content analysis on the items of people. Table 4.3 shows the result of the content analysis on selected items. In the table, "number of informants" refers to the number of informants who mention the items. Whilst "number of occurrences" refers to the number of times the items are mentioned by the informants.

Table 4.2
Content Analysis on People

Items (People)	Number of informants	Number of occurrence
It/You/They	16	2564/2118/535
I/We/one/oneself	16	1484/215/60
Staff	16	682
Patients	16	497
Senior students	14	183
Junior students	11	81
PTS	12	75
Classmates	16	78
Summer job students	4	62
Minor staff	8	53
Tutors	8	39
Doctors	8	34
HCA (Health care assistant)	4	21
Sisters	6	20
Clinical assessors	3	16
Physiotherapists	1	3

The largest number of references were on the categories of It/You/They. These pronouns were identified as far as possible to see to whom they were referring. Nevertheless, some of the pronouns were unable to be identified because the pronouns were not particularly referring to any specific person. The next category was I/We/One/oneself which were mostly referring to the interviewees (student nurses) themselves.

Apart from "the pronouns" category, the staff category was the next most frequent mentioned group. "Staff" had been mentioned by all the informants nearly seven hundred times. Next to the staff category, the most frequently mentioned categories were the patients and the fellow students. Nevertheless, it was interesting to note that ward sisters were only mentioned by one third of

students and there were only twenty responses which were even less than the minor staff who had been mentioned by half of the students for fifty-three times.

Significance of the findings from content analysis

Significance of nursing staff

Nursing staff were referred by the students as "the staff", "Miss" or "the registered nurses". Most of the time, nursing staff were referred by the students as "they". Students seldom used "we" to refer to the staff and themselves. Only six informants used "we" to refer to staff and students for twenty times. Students usually used "we" to refer to themselves and fellow students rather than the nursing staff and the students.

Significance of patients

Patient was the next most frequent mentioned category. It might be due to the fact that students provided direct care to patients all along during the period of clinical practice. Patients formed an inseparable link with the students' clinical practice.

Significance of peers

During the interviews, the informants were encouraged to tell of their experiences and their fellow students as well. It may be one of the reasons accounting for the high frequency count on item "fellow students". Moreover, it was also noted that the "senior student" was the most frequently mentioned peer group by the student nurses. Senior students were identified by the students as the one who provided practical guidance and supervision to them during clinical practice.

Insignificance of nursing team leader (nursing officer)

It was surprising to note that ward sisters (nursing officer) were not mentioned frequently by the students. In addition, in terms of the evidence of the present study, it was found that ward sisters were mostly associated with the students' negative clinical practice experience. The finding of the present study were found quite different from the previous literature in which ward sisters were found to be the most significant person influencing student nurses' clinical practice experience.

During the process of data analysis, some recurrent ideas/themes struck the author' mind. For instance, the issues related to routines, examination and school were frequently mentioned by the students. It was also found that total patient care was rarely mentioned by the students despite students were taught to do that in school. Instead, total patients care was seen as irrelevant by the students. From the comments of the students, the author obtained a strong feeling that most students' clinical practice experience was busy and miserable. Therefore, in this study, apart from using "people" as the unit of analysis, the following items: routines, examination, school, total patient care, busy and miserable were also included in content analysis. Although the items selected were a bit arbitrary and selective in nature, those items could provide a tangible base for the readers to judge the findings of this study as well as to provide another perspective for the readers to look at the findings. Table 4.3 shows the results of content analysis on the selected items.

Table 4.3
Content Analysis on the Selected Items

Items	Number of subjects	Number of occurrence
Busy	16	209
Routines	16	116
School	16	74
Examination	14	140
Miserable	9	57
Total patient care	3	23

The results of the content analysis of the selected items indicated that the words routines, examination, school, busy and miserable came up many times in the interviews. It was found that if the same recurrent words appeared in the students' interviews, it was not without the reason. These words have some meaning for the students in relation to the learning environment and the learning climate.

Comparison of the results of structural and content analysis

The results of structural and content analysis have been presented in the last section. Whereas in this section, the findings of structural and content analysis will be compared and discussed with each other so that additional insights into understanding student nurses' clinical practice experience can be gained.

Significance of the nursing staff

From content analysis, it was found that nursing staff were the most frequently mentioned noun by the student nurses leaving aside the pronoun

group. From structural analysis of the interviews, it was found that nursing staff was identified by the students as the significant people influencing their clinical learning experience. For instance, the characteristics and behaviours of the nursing staff, the staff and student relationship were found to have a significant impact upon student nurses' quality of clinical learning experience and the quality of the ward learning environment.

Significance of Patients

From content analysis, it was found that patients were the most frequently mentioned category next to the nursing staff. From structural analysis, it was found that issues related to patients were concerned with handling distressing and troublesome patients. However, patients were also found to be the students' source of satisfaction during clinical practice as well.

Significance of Peers

Peers were the third most frequently mentioned category in content analysis. From the structural analysis, it was found that issues related to peers were concerned with the support given by the fellow students. From the comments of the students, fellow students were found offering both the emotional support and practical support to the nurse learners during clinical practice.

Significance of Examination

The word "examination" has been mentioned by fourteen students one hundred and forty times. From the structural analysis, it was found that issues concerned with the ward-based examination were as follow: the ward based

examination being stressful; lacking of practice chance prior to taking examination; great difference between the examination format and usual ward practice.

Significance of Routines

From the content analysis, it was found that all the informants mentioned the word "routine" in the interview. The word "routine" had been mentioned by all the informants for more than one hundred times. From the structural analysis, it was found that routines was an inseparable part of students' clinical practice experience.

Significance of Busy and Toilsome Clinical Practice

From the structural analysis, it was found that the nature of clinical practice was both busy and toilsome. All the students used the words "busy" and "miserable" to describe their clinical practice experience. The word "busy" had been used by all the students for more than two hundred times to describe their clinical practice experience. Whilst the word "miserable" was mentioned nearly sixty times by more than two third of the students.

Significance of School

From content analysis, it was found that all the informants mentioned school in their interviews. From the structural analysis, it was found that the issues related to school were mostly related to the theory and practice gap.

It is acknowledged that the content analysis method employed in this study uses numerical counts in order to confirm the inferences from the structural

analysis. It is not intended to detract from the importance of understanding the studied phenomenon in the whole context.

Summary of the major findings

Eleven categories: the learning climate, quality of nursing staff, the peers, patients, the routines, the ward climate, theory and practice gap, quality of care, ward based examination and the manpower relating to student nurses' clinical practice experience had been presented in the above section. Here the major findings of this study were summarized as follow:

1. The learning climate of the ward was found not to be conducive to student nurses' clinical learning. Students were lacking qualified teachers for clinical supervision. Clinical learning was largely self-initiated by the student nurses themselves.

2. The quality of nursing staff was the most important aspect influencing student nurses' clinical practice experience. The teaching behaviours and the attitude of the nursing staff towards students influenced the way in which student nurses perceived their clinical learning experience. In addition, clinical nursing staff and student nurses were found in an authority and subordinate relationship.

3. Patients were a significant part of student nurses' clinical learning experience. Patients were the students' source of satisfaction as well as a source of stress. For instance, students found themselves ill prepared to handle distressing patients who were critically ill or terminally ill.

4. Students' clinical experience indicated that patient care was very much organized according to sets of routines and menial tasks. Much of the students' time was caught up in doing routine and menial tasks which offer little learning potential for student nurses.

5. Senior students were the most significant people to offer clinical supervision to student nurses during the period of clinical practice. This was because peers/senior students were more approachable than the clinical nursing staff. In addition, peers were found to be the students' source of emotional and practical support during the period of clinical practice.

6. The ward climate was found both busy and toilsome. Hospital wards were usually busy and workload was tremendously heavy. Being part of the work force, student nurses had to share a great deal of work during the period of clinical placements. "Learning after finishing the work" seemed to be the message put across to the students. Students found that they were too busy and too tired to learn during their clinical practice.

7. The theory and practice gap was common in student nurses' clinical practice experience. Students' clinical practice experience was not coordinated with the theoretical content in the school blocks of study. What had been learnt in the school was different from what was been practiced in the wards. Things learnt in school were too ideal and often irrelevant to actual ward practice.

8. Clinical practice was found to be rooted in the medical model. Most of the students were just concerned with learning technical and medical knowledge which was regarded as "real learning experience". Whereas basic nursing care

was regarded by many students as menial tasks and was not the "real knowledge".

9. Patient care was mostly organized according to rigid routine instead of individualized patient care. Sometimes, patient care was undermined in favour of getting the work done.

10. The ward-based examination was found causing a lot of stress to students. Students said that they lacked the practice opportunities prior to taking the ward based examination. The examination format varied greatly from the usual way of practice in the ward. Taking ward-based examinations was very much like "putting up a show" which was different from actual ward practice.

11. As a result of a shortage of manpower, students found that they had to take a greater share of workload, having less time to learn.

CHAPTER 5

LIMITATIONS AND DISCUSSION

The purpose of this study is to gain an understanding of how student nurses' perceive their clinical practice experience, as well as to examine the quality of student nurses' clinical practice experience and the quality of ward learning environment in light of some educational concepts. It has been argued that professional nurse education should be subsumed under an educational rather than a training paradigm and that clinical practice should be more educational in preparing professional nurses. The eleven themes identified in the current study serve to provide some insights into understanding of how local Hong Kong nursing students perceive their clinical practice experience. As such, the real world of clinical practice from the perspective of the student nurses can be brought to light.

Nevertheless, before proceeding to discuss the findings of the present study, the limitations of the study will be firstly presented. It is acknowledged that the limitations have been taken into account when interpretation of the findings are made. The limitations of the study will be discussed as follow.

The eleven themes identified in the current study are based on their recurrence in the student nurses' interviews. Only those issues that are mentioned by more than one half of the informants are considered as significant. Whereas atypical experiences of individual informants were not taken into account. It is under the notion that the commonalties of the issues found uppermost in the students' mind may provide some insights into understanding of what are the significant aspects of students' clinical practice experience. As a result, the findings of the current study may not provide a comprehensive account of every aspect of individual student nurses' clinical practice experience.

In addition, the current study is only a small exploratory study focusing on year two student nurses about their views on clinical practice. According to Morse' criteria of evaluating sampling in qualitative research, the completeness, and amount of information obtained in the current study may not be adequate (Morse, 1991). The use of a small purposive sample means that the findings cannot be generalized, for example, year one or year three student nurses. It cannot be assumed that the experiences of student nurses in this study equate with the experiences of all other student nurses who are studying in the hospital-based nursing programmes in Hong Kong. The interpretation of the findings may be limited to the situations and the group of students who are being studied. In addition, as argued by Lincoln and Guba (1985), the procedure of purposive sampling should depend on emergent design rather than a priori design. Maximum variation sampling should be selected in which it could provide the broadest range of information possible and it did not suppress the deviant cases and allowed for the the uncovering the true reality.

It should also be noted that the current study is only based on the views of the student nurses, whereas the views of the nurse tutors, ward sisters, or staff nurses are not considered. In addition, other contextual factors such as the staffing of the wards, the nursing curriculum, methods of teaching and resources available are not taken into account.

Moreover, due to the time and personal constraints, maximum variation sampling technique was not employed in this study. Only a small group of second year student nurses were being recruited in the study. However, students with different years of clinical experience may have different perceptions about their clinical practice. As such, the result of the present study cannot obtain the broadest range of information and perception of the informants about the studied phenomenon.

In regard to the method used in this study, the excessive reliance on the verbal data in the current study may be a weakness of the current study. Including other data source such as observation notes, document notes may provide a more complete picture on the studied phenomenon. In addition, interview was only taken on one time basis and no follow up interview was taken. As a result, additional information or clarification from the informants cannot be obtained.

Nevertheless, it should be noted that the intent of this study is not to be definitive generalization the nature of clinical practice in Hong Kong but rather to search for the meaning held by the nursing students who work in the practice settings. Although the findings of the current study cannot totally reflect the full complexity of clinical practice in local Hong Kong situation, the findings do provide some ways to understand local nurse learners' views on their clinical practice. The shared commonalties of the nurse learners' views revealed in the current study are merit for attention. Seeing things through the eyes of student nurses, one may be in a better position to identify the needs of the nurse learners. Despite all the limitation stated above, the findings revealed in the current study reflect to some extent the real world of clinical practice from the perspectives of the student nurses who are being studied.

In the following discussion, the quality of student nurses' clinical practice experience as well as the quality of the ward learning environment will be discussed in light of some educational concepts.

The quality of student nurses' clinical practice experience

The quality of student nurses' clinical practice experience will be discussed under three aspects of education namely the normative aspect, the cognitive aspect

and the process aspect. These three aspects of education provide the criterion for an evaluation of the student nurses' clinical practice experience from the perspective of curriculum design. It enables an understanding of what "education" should be.

The normative aspect of education (Purposes of education)

The normative aspect of education implies something worthwhile and has been intentionally transmitted for a given purpose (Peters, 1966). The purpose of clinical practice in professional nursing education is to provide the nurse learners with opportunities to develop the ability to use professional knowledge and skills within the professional practice model by a carefully thought out plan of action rather than by chance (Oermann & Reilly, 1992). From this perspective, one can ask to what extent the purposes of professional nursing education have been met in clinical practice?

Findings of the present study indicated that student nurses were not ensured to gain relevant clinical learning experience according to their stages of learning. Mismatch between classroom learning and clinical practice was found common among student nurses' clinical practice experience. The service needs of the hospital seem to determine the placement of students and the rotation of the wards is without any educational implications for student nurses. Previous studies (Davis, 1984; Lauder, 1993) also reported similar findings in which trainee nurses were not assured of gaining relevant clinical experience or that clinical placements correlated with the theory that they had learnt in the school. The reasons for this may be due to the fact that under apprenticeship nurse training system, students are regarded as part of the work force and are responsible for patient care. As argued by Hoy et al., (1986), the apprenticeship nurse training system nevertheless creates tension between the needs of the nursing students and the

service needs of the hospitals. However, if nurse education is to be effective and a good professional preparation, clinical practice should enable student nurses to interpret and apply the theoretical knowledge learnt in school to practice and vice versa. This cannot occur when classroom and practice inputs are not closely coordinated. It almost seems that classroom work is seen as curriculum and practice experience is not curriculum or at best is hidden curriculum.

Nevertheless, the above discussion is only based on the views of year two student nurses. Their clinical experiences may not be the same as other student nurses who are studying in the hospital-based nursing programmes. For instance, in case of year three student nurses, they have finished all their study blocks, mismatch between school teaching and clinical practice may not be the problem for them. Whereas the situations may be exacerbated in PTS and year one student nurses.

Findings also indicated that student nurses' clinical learning was largely self-initiated rather than by intentional planning. Student nurses said that they had to seek for their own learning opportunities during clinical practice. Similar findings had been reported in many other studies (Ogier, 1981; Orton, 1981; Fretwell, 1983; Gott, 1982). In term of the evidence of the present study, it seems that there is a lack of planned clinical curriculum to ensure student nurses gaining relevant learning experience. Learning in the wards is left to chance rather than by intentional rational planning. As such, it can be argued that clinical practice just happens in a haphazard and unplanned manner which is not an educational orientation for preparing professional nurses.

The findings of the present study are congruent with the comments made by Morris about Hong Kong nurse education. Morris (1993) argues that the nursing curriculum for the pre-registration hospital-based nursing programmes in

Hong Kong is absent in explicitly linking the two components of the course, namely the "practicums" and the "Block". There is no systematic effort to ensure that when the student nurses are in wards they experience relevant situations and problems nor is there any reference to any system of support for student nurses. Within the clinical environment, students are confronted with full complexity of patients' problems and are left to handle the problems on their own. As such, it can be argued that student nurses' clinical practice experience revealed in the current study is not an educational experience when examined under this normative aspect of education.

The cognitive aspect of education (Forms of knowledge)

In the following paragraphs, the quality of student nurses' clinical practice experience will be discussed under this cognitive aspect. The cognitive aspect of nurse education encourages the question, what forms of knowledge have been gained by the students during clinical practice? Being educated, it is assumed that students acquire some body of knowledge above the level of collecting disjointed facts and to acquire the kind of conceptual scheme with which to understand the "why of things" (Peters, 1966).

Burnard (1992) describes nursing knowledge in three forms namely propositional knowledge, practical knowledge and experiential knowledge. According to Burnard (1992), propositional knowledge refers to the textbook knowledge which is synonymous with Ryle's concept of "knowing that". The practical knowledge is the knowledge developed through acquisition of skills which are similar to Ryle's concept of "knowing how". Experiential knowledge is the knowledge developed through relationships and this is synonymous with Roger's concept "experiential learning". Nevertheless, as argued by Burnard

(1990), a balance between propositional, practical and experiential knowledge is essential to make a varied and appropriate content for a nursing course.

One of the major educational purposes of practice placement is to provide students with the opportunity for maturation and to develop skills and knowledge so as to "become capable" (Ashworth & Saxton, 1992). However, the dominance of doing routines and menial tasks was evident in many students' interviews. Findings showed that student nurses were only learnt to acquire practical knowledge of a routine and trivial type. Similar findings were reported by Gott in which students learned only to carry out many tasks, procedures and routines but had not been taught on how to integrate the those tasks into a meaningful larger context, knowing the reasons behind (Gott, 1984).

Several authors have pointed out that routines were the strategies used to maintain the order of the ward (Orton, 1983; Procter, 1989; McCaugherty, 1991). Procter (1989) further argued that the routines were used by the transient student workforce as a quick and effective method to identify the work requirement of the ward and was sanctioned by the qualified staff as an effective way to organize care. As in a study by Melia (1987), it was found that nurse learners learnt to "conform" and "fit in" the ward routine as a way to deal with the ward work. Nevertheless, as argued by Melia (1987), routines could "become petty and irritating, seemingly serving no purpose other than the proliferation of routines" (p.46). Therefore, it can be argued that learning to do the routines is not the way to educate nurse learners to be a critical and reflective practitioner. It is because students can only learn to conform to the routines without questioning. Routines can only tell student nurses to give routine care to everybody with the similar condition rather than to give specific individual care to the clients. As argued by White & Ewan (1991), "unless the actions are learnt in the context of the whole situation for the patients and the student, 'learning by doing' can be limited to

learning the steps in a series of isolated skills" (p.132). As a result, students become competent only in the completion of tasks but not in providing individualized holistic nursing care to clients. This form of clinical practice could not adequately prepare nurse learners to be reflective and critical nurse practitioners who could apply the developed skills and knowledge in a thoughtful way (Reed & Procter, 1993). To be educative in nature, clinical practice should be able to provide the learners with a body of knowledge and a conceptual scheme above the level of disjointed facts in seeing things.

With respect to other cognitive aspects, it was found that student nurses were fond of learning medical and high technology knowledge such as doing resuscitation, learning medical diagnostic procedures and ventilators. Student nurses always associated good clinical learning experience with learning high technical medical knowledge. Findings were consistent with the findings of other studies (Fretwell, 1980; Redfern, 1989), in which students associated good learning experience with learning acute technical nursing and specialist intervention. It was no wonder that in the current study, it was found that nursing observations, dressings, urine testing etc. were seen by student nurses as routine and menial tasks. Whilst the continuous nursing care was merely regarded as simple task and not "real nursing". Fretwell (1980) also reported similar findings in her study in which repetitive basic nursing tasks were seen by students as irrelevant to their learning needs.

Reed & Watson (1994) argued that the predominant emphasis on learning medical knowledge during clinical practice might be due to the fact that nurse education and practice was cognizant of the medical model in which the diseases and treatment were mostly emphasized throughout the course. Nevertheless, disease-oriented medical model could only enable nurse learners to understand the nature of the diseases and treatment but it does not help the students to understand

the psycho-social needs of the patients. As argued by Greenwood (1993), the emphasis on learning medical knowledge would shift the focus of nursing from the person to disease. Whereas Reed & Watson (1994) argued that the sole focus on the management of patients' diseases in physiological terms lead to fragmentation of care. As a result, students only focus on the physical needs of the patients whilst the pyscho-social needs of the patients are being neglected. As the current study shown, patient care was cited by most of the students as routine and menial tasks (dressing, urine testing, bed baths, observation) . Therefore, it can be argued that the knowledge embedded in clinical practice does not help student nurses to develop a holistic approach to patient care which is not an educational learning experience.

In short, it can be argued that student nurses' clinical practice experience revealed in the current study is not an educative learning experience because the learning methods do not advance student nurses' intellectual development. Only some aspects of professional knowledge are being intentionally developed and others are being ignored. Students were only equipped with the knowledge which enabled them to be a model operator who only knew how to do the routines in an uncritical fashion. To be educative in nature, knowledge learnt by students during clinical practice should be characterized by the way one looks at the things rather than being hived off into knowledge compartments (Peters, 1966). The forms of knowledge embedded in clinical practice just fail to prepare nurse learners to develop a kind of conceptual scheme for holistic patient care through critical and systems thinking which cannot be called as an educational experience.

The process aspect (Teaching and learning process)

Professional nursing practice is full of complexity, uncertainty, conflict, and instability (Oermann & Reilly, 1992). In order to make sense out of the

clinical practice, student nurses require adequate guidance and support from teachers whose role is to help the students to acquire knowledge and skills in a manner which involves an evaluation of the rationale underlying them (Peters, 1966). As argued by Oermann & Reilly (1992), teachers assume "the primary responsibility for the quality of the learning environment relative to the prevailing climate, availability of resources, and process of goal-directed learning" (p.44).

However, in reference to the student nurses' clinical practice experience revealed in the current study, students were found not provided with qualified teachers to guide their clinical practice. Many of the students commented that nursing tutors seldom went to the wards to teach except coaching students for the examination. Whereas clinical nursing staff were perceived by students as either too busy or not willing to teach. There was lacking qualified teachers from whom the students could look for clinical supervision. Most of the time, the students were left to learn on their own. The results of the present study were consistent with the findings in many other studies in which nurse learners were found not receiving adequate supervision during clinical placements (Marson, 1982; Jacka & Lewin, 1986; French, 1989; Wilson & Startup, 1991; Smith, 1992).

However, to be an educative learning process, both the teacher and the learners should be aware that learning is taking place. Teacher should be the one who are able and are willing to participate in the learning process. If clinical practice is structured in a way that no one is responsible for guiding or supervising nurse learners in the wards, can one say that the clinical practice is directed towards educating nurse learners? If nursing wants to adopt a professional model in nurse education, qualified nurse teachers must teach in the practicum to facilitate student nurses' clinical learning.

In terms of teaching style, most of the students commented that they were only taught in the forms of rote modeling or telling. Student nurses were only taught for pragmatic reasons so as to enable nurse learners to function as efficient workers in the wards. To be educative in nature, teaching should deal with "leading out", "interest" and "learning by experience". Teaching should unite processes such as instructing and training with the intention of getting learners not only to acquire the knowledge and skills and modes of conduct, but to acquire them in a manner which involves an evaluation of the rationale underlying them (Peters, 1966). As pointed out by Dewey (1938), educational experience should be "continuity between experiences and they should promote curiosity, and strengthen initiative" (p.160). However, the findings of the current study indicated that students were only taught to conform with procedures in an uncritical way. Students were not enlightened to explore their own way of learning through reflective practice. It is easy to conclude from the nature of the teacher and student relationships that the learning is not only inefficient, but it is also subsumed under a training paradigm.

Nevertheless, it should be noted that the learning and teaching process discussed in this section is merely based on the views of the student nurses whereas the staff nurse, the ward sister and the nurse tutors' views are not taken into account. There may be differences between the views of the nurse learners and the nursing staff regarding the learning and teaching process. As in the study by Jacka & Lewin (1987), it was found that ward sisters and student nurses had different perceptions of the amount of time that the nurse learners were being supervised. Ward sisters thought that the nurse learners were supervised for more than 40% of their time whereas nurse learners found themselves only supervised for less than 20% of the time. The findings of the current study may not reflect the true reality as such. For instance, some of the situations mentioned by the

nurse learners may be exaggerated. Nevertheless, the findings of the study have implications both for the educators and nursing staff in which the nurse learners perceived themselves being under supervised and its significance are merit for attention. The different perceptions held by the nurse learners and the nursing staff may account for the reason why the nurse learners were under supervised during their clinical practice.

In the above discussion, student nurses' clinical practice experience has been discussed from a curriculum perspective. It can be argued that student nurses' clinical practice experience is not an educational experience. The state of practice learning cannot be regarded as efficient with respect to the future needs for the professional nurse education in Hong Kong.

After discussing the quality of student nurses' clinical practice experience from three aspects of education namely the normative aspect, the cognitive aspect and the process aspects, in the next section, focus will be on the quality of ward learning environment. By examining the impact of the ward learning environment upon student nurses' clinical practice experience, how student nurses " learning to nurse" can be better understood.

The ward learning environment

The ward learning environment will be examined from three dimensions namely the intellectual dimension, the affective dimension and the personal dimension (Spouse, 1990). These three dimensions provide the basis for an evaluation of the practice setting as the "learning environment".

The intellectual dimension

The intellectual dimension refers to the students' academic preparation for the clinical placements in which students are provided with the necessary background knowledge to make the clinical practice relevant (Spouse, 1990). However, findings of the present study indicated that theory and practice gap was common among student nurses' clinical practice experience. Many students found that school ways of practice were too ideal to be implemented in the wards. As a result, to most of the students, going to the wards was to learn about the practical knowledge whilst going to school, it was about learning the propositional knowledge with little linkage between the two types of knowledge. Students were found not to use knowledge learnt from school as a theoretical foundation for making clinical judgment. Instead, what had been taught in school was seen as too ideal and impractical to be applied to real clinical practice. Similar findings had been reported in Gott's study in which it was found that teachers failed to prepare student nurses for the conflicts between what was taught in the school and what was practiced on the ward (Gott, 1982). Other studies also highlighted the issues of the theory and practice gap in clinical practice (Alexander, 1983; McCaughterty, 1991; Wilson & Startup, 1991). As a result, students were found to develop two different ways of doing things for their nursing practice. On one hand, students followed the school way of doing things when taking ward-based examination. On the other hand, students followed the ward way of doing things in daily practice. This indicates a serious theory and practice gap. It may be due to the fact that theoretical knowledge is intentionally taught to student nurses by tutors during study blocks. Whilst in the practicum, it is up to the students to apply the theory to practice on their own. Tutors seldom go to the wards to supervise student nurses' clinical learning and clinical nursing staff are just too busy to teach. There is no explicit linkage between two components namely the "study block" and the "practicum". As a result, there is a wide gap between "the

practicum" and the "study block" and student nurses just find it hard to integrate the theory to practice resulted in the serious theory and practice gap.

In short, the practice settings as revealed in the current study had failed to provide nurse learners with a conducive clinical learning environment where the student nurses are offered a uniform approach to acquire professional nursing knowledge. Knowledge embedded in clinical practice just fails to prepare student nurses to actualize the learnt theory to real-life practice which is not an educative orientation.

In the next section, student nurses' clinical practice experience will be discussed under the affective dimension to give further insights into the nature of ward learning environment as perceived by the nurse learners.

The affective dimension

The affective dimension infers emotions and can be related to the students' perception of caring for the client groups, the perceived attitudes from the permanent nursing staff and the learning experiences that existed in the practice settings (Spouse, 1990). Discussion in this section will be focused on the following three aspects namely the nursing staff, the quality of patient care and the ward climate which have been identified as three significant themes relating to student nurse' clinical practice experience in this study.

Nursing staff

Quinn (1995) argued that in a conducive ward learning environment qualified staff should work as a team and make the students feel a part of the team. The qualified staff should be willing to act as supervisors, mentors, preceptors, assessors, and counselors to the students. As in the current study, it was found

that nursing staff had played a significant role in influencing the quality of the ward learning environment. Student nurses' good learning experience were found associated with high levels of teaching and supervision from the nursing staff, as well as close and approachable working relationship between staff nurses and students. Other studies (Fretwell, 1980, 1983; French, 1989,1991; Vollman, 1991) also reported similar findings in which approachable nursing staff, good learner and staff relationship were found positively promoting the ward learning environment. In terms of the evidence in the current study, it can be argued that adequate clinical supervision by the nursing staff is seen by students as an important attribute of the good learning environment.

Although nursing staff do have the responsibility for teaching students during students' clinical placements, it is up to the individual nursing staff to assume this responsibility. Different attitudes and behaviours of nursing staff are found to have a significant impact upon nurse learners' perception of the ward learning environment. As the findings of the present study indicated the "caring" behavior and the "willingness to teach" attitude of the nursing staff were seen by student nurses as positive learning experience. Whereas "lacking the interest to teach" and "failing to show sympathy and understanding" behaviours of the nursing staff were associated with student nurses' negative learning experience. The findings suggest that the behaviours and attitudes of nursing staff towards nurse learners played a significant role in influencing the nurse learners' perception of the quality of the ward learning environment and in turn influence student nurses' clinical practice experience.

Moreover, findings of the current study seemed to suggest that the nursing staff were too busy to teach. For instance, the staffing and workload of the ward may make it difficult for the nursing staff to resume the teaching responsibility for the nurse learners. However, due to the fact that the views of the nursing staff

and the contextual factors are not taken into account, it is difficult to guess how nursing staff view their teaching roles towards nursing students and to what extent the contextual factors influence nursing staff's role in teaching student nurses. As such, the findings and the interpretation of the findings are only limited to the nurse learners' views.

On the other hand, the present study yield some different result with the previous studies. Previous studies indicated that sisters were the most significant person in promoting the positive learning climate of the ward (Fretwell, 1980; Orton, 1981; Marson, 1981; Ogier, 1982; Ogier & Barnett, 1986; Melia, 1987; Smith & Redfern, 1989). However, findings of this study indicated that staff nurses played a more significant role than the ward sisters in influencing the quality of the ward learning environment. Students had a preference for staff nurses over sisters for clinical teaching. Ward sisters were only mentioned a few times by the students and most of the comments made about the ward sisters were associated with negative comments. This may indicate that sisters are "opting out" to a serious degree. It may be due to the fact that ward sisters' daily activities are mainly concerned with the administrative work of the wards. As a consequence, ward sisters spent relatively less time in bedside in supervising student nurses' clinical practice. Whereas the staff nurses are responsible for the clinical work. As a result, students usually had more opportunity to work with staff nurses in the practice settings, and it is reasonable to find that staff nurses have a more significant influence upon student nurses' clinical practice experience than the ward sisters.

An additional important point is that ward sisters usually represent an authority figure. The relationship between ward sisters and student nurses is usually in a more distinct authority/subordinate relationship. As a result, students may not approach the ward sisters for support. As in Ogier and Barnett's study

(1986), it was found that students looked to ward sister for allocation of work and looked to staff nurse for good relationship and support.

Ward climate

Ward climate was found to be the significant factor influencing the quality of the ward learning environment. Nevertheless, findings of the present study indicated that ward climate was busy and toilsome. Students reported that most of their clinical time was engaged in doing the ward work, predominantly the ward routines. Under this type of ward climate, students quickly recognized that they had to assume worker responsibility and "learning after finishing the work" seemed to be the message put across to the students. As a result, nurse learners were only concerned with "getting the work done" and pulling their weight to work. It seems to suggest that nurse learners are expected to be an efficient worker rather than a nurse learner to learn in the practice settings. As such, it can be argued that the kind of ward climate prevailing in the practice settings is not conducive to students' clinical learning.

Quality of patient care

The quality of patient care was also found to have a significant impact upon the quality of the ward learning environment. Findings of the present study indicated that patient care was organized according to rigid routine schedule at the expense of individualized patient care which was not an inefficient aspect of ward learning climate. Many studies indicated that the quality of the ward learning environment had a close relationship with the organization of patient care. As in Wiles's study (1981), it was found that patient-allocation rather than task-allocation of work promoted positive change on the learning experience of student nurses. Whereas in Fretwell's studies (1980, 1983), it was found that total patient

care promoted learning and task allocation and routine inhibited discovery learning of student nurses.

As mentioned before, routinized nursing care will only undermine students' quality of clinical learning because nurse learners only learn to conform with routines. If the practice settings can only provide the nurse learners to actualize their practice skills to patient care in a fragmented way, it cannot be said it is an effective clinical practice experience for the nurse learners. Patient care should be organized in a way that it can promote reflective practice for the nurse learners. As such, it can be argued that the organization of nursing care can play a significant part influencing the quality of the ward learning environment.

However, it should be noted that in the current study, there is no empirical evidence to suggest that there is a direct relationship between quality of patient care and the ward learning environment as such. The above discussion is merely based on the perceptions of the student nurses.

In short, with respect to this affective dimension, it can be said that the nature of patient-care, teacher/student relationships and the workload militates against a sound educational environment in that they generate stress, dissatisfaction and some disillusion with nursing practice in general. As pointed out by Oermann & Reilly (1992):

> A supportive learning environment is characterized by valuing learning; exhibiting a caring relationship for all concerned; providing for student freedom within structure for exploring, questioning, and trying out different approaches; accepting differences in others; and fostering the development of each individual (p.109).

Nevertheless, the lived experience of students in the current study does not reflect this in the education processes.

The personal need dimension

This dimension refers to meeting the personal needs of the students. As pointed out by Quinn (1988), nursing patients in acute settings was most stressful to nurse learners because nurse learners were unsure about their practice and risks involved. Previous studies also indicated that student nurses were seriously affected by the occupational stress which were usually associated with staffing levels and nature of nursing (Birch, 1979; Parkes, 1980,1985; Melia, 1987).

With reference to student nurses' clinical practice experience under this dimension, findings in this study indicated that nurse learners were not provided with the kind of support system in which their personal needs could be met. Although many students said that they felt stressful in handling many clinical situations such as handling terminal ill patients or dealing with unfamiliar clinical situations, students said that they usually handled the situations by themselves and few would seek help from the staff nurse or the nurse teachers. As mentioned before, the nature of clinical practice is full of complexity and ambiguity and students are most vulnerable under this learning environment. Student nurses are in need of someone who could express an attitude of care and concern as well as a commitment to teach. As argued by Smith (1992), only students felt that they were cared for by the trained staff and teachers, they felt better to care patients and better to learn.

In terms of the evidence of the present study, it can be argued that the kind of support offered by the qualified nursing staff or teachers is not adequate to

meet the personal needs of the students and that is not conducive to student nurses' clinical learning.

Nevertheless, it was found that peers offered student nurses with significant support. Many students said that peers offered them both with practical and emotional support. Senior students acted as the "substitute teacher" to many student nurses in the practice settings. As in the study by French (1989), it was also found that students received most of their support from peers. Peer support provide students with a sense of belonging in the clinical learning context and that is crucial to student nurses' clinical learning. As argued by Broome (1990), the support and encouragement from others could determine the capability of an individual to handle uncertainty.

In respect to this personal aspect, Spouse (1990) suggests a mentor system for which it could provide clinical expertise to guide student nurses' clinical learning. The mentor system can help the clinical staff to recognize the student as someone with learning needs as well as to provide someone in the ward who is special to the students and who can co-ordinate the learning opportunities for student nurses during the ward allocation.

By and large, in view of the student nurses' clinical practice experience in the current study, there is evidence to support the assertion that the practice setting failed to provide a conducive clinical learning environment for the nurse learners to learn. It was found that the serious theory and practice gap, the organization of ward work into task-related routines, the busy ward climate, the service needs taking precedence over the educational needs of students, the lacking of qualified teachers to supervise nurse learners in the practice settings were the inhibiting factors that undermined the quality of the ward learning environment as a learning arena for nurse learners to learn. Nevertheless, findings of the present study

indicated that both the ward staff and the peers could play a significant role in promoting the positive ward learning environments for the nurse learners.

In short, in the above discussion, the ward learning environment has been discussed under three dimensions. Because of the serious flaws in practice allocation for meeting the intellectual, affective and personal needs of student nurses, it can be concluded that the ward learning environment fails to provide nurse learners with a conducive learning arena to learn and student nurses' clinical practice experience is found wanting from a "training" perspective and seriously inadequate from an "educational" perspective.

Conclusion

In terms of the evidence in this study, it is possible to support the contention that the practice settings have failed to provide nurse learners with an educative clinical learning environment and student nurses' clinical practice experience is inadequate as an educational experience. The eleven themes revealed in this study serve to provide some ways to understand the real world of clinical practice from the nurse learners' perspectives. The following aspects identified in the current study indicate the areas for improvement.

1. The learning climate

Students are lacking qualified practice teachers to guide clinical practice, instead students' learning is largely self-initiated.

2. Quality of nursing staff

The nursing staff and students are in an authority/subordinate relationship. Nurse practitioners lack the initiative and are too busy to teach student nurses.

3. Patients

Patients is not the learning focus during clinical practice but produce a source of considerable stress to student nurses.

4. Doing routines and menial tasks

Students are predominantly occupied with routines and menial tasks at the expenses of participating in learning activities during the period of clinical practice.

5. Peers

Senior students take a more obvious role in supervising other student nurses. Senior students and peers are the most likely teachers in the practice settings.

6. Ward climate

Student nurses perceived themselves as workers rather than learners during the period of clinical practice.

7. Theory and practice gap

There is a serious theory and practice gap which is indicated by

i) A mismatch in the sequence of theory and practice.

ii) Theory learnt in school cannot be applied to actual ward practice.

8. Medical model

There is a predominant emphasis on learning medical and technical knowledge, minimizing the input of professional nursing knowledge.

9. Quality of patient care

The activity of patient care is undermined by expediency in a climate of dependence on the unskilled student work force in delivering nursing care.

10. Ward based examination

Ward based examination does not reflect what student nurses have actually learnt or achieved during the period of clinical placements.

11. Manpower

Students are seen as the predominant manpower who have to take up a large part of the workload during the period of clinical placements.

CHAPTER 6

CONCLUSION, IMPLICATIONS AND QUESTIONS FOR FURTHER RESEARCH

Conclusion

In this study, student nurses' clinical practice experience is studied using a qualitative approach. The eleven themes identified in this study are served to provide some insights into understanding of student nurses' clinical practice experience in local Hong Kong situation.

Currently, nurse education development in Hong Kong is undergoing a transitional change towards tertiary education. In the coming years, the hospital-based nursing programmes may be gradually phased out. Although this study only focuses on a small number of student nurses who are studying in the hospital-based nursing programmes in Hong Kong, the findings of the present study are served to provide some insights into understanding what are the important aspects of clinical practice as perceived by the nurse learners. Other students who are studying in the hospital-based nursing programmes may also experience the same situations as the students in the current study. In addition, problems are likely to be repeated in the baccalaureate nursing programmes if the educationalists fail to address the problems that student nurses are experiencing in the current study. The mere transfer of nurse education to tertiary level, however cannot itself solve the problems existing in clinical nursing education. As argued by Greenwood (1993), new nursing programmes would merely furnish a broader range of more complex theory for students to learn and to view a practically irrelevant. The theory and practice gap in nursing education may be further exacerbated.

The findings of the present study indicate that student nurses' clinical practice experience is a training but not educational learning experience. In order to prepare nurse learners for the future professional nursing role, the nursing programmes should be subsumed under an educational model which is a pre-requisite for the future development of nursing professional in Hong Kong. Although the present study is only a small exploratory study focusing on a small number of student nurses about their views on clinical practice, the commonalties of issues found uppermost in the students' mind are served to provide the nurse educators some insights into understanding of the salient aspects of clinical practice to the nurse learners. With better understanding of the nurse learners' lived experience on clinical practice, one would be in a better position to address the problems experienced by the nurse learners and take appropriate measures accordingly.

Implications

In terms of the evidence of the present study, the findings revealed in the current study have implications for nursing education which will be discussed as follows.

Developing an effective clinical curriculum

Clinical practice could provide nurse learners with potential learning opportunities only if the educational purpose of placements are made known both to the educationalists and service managers. As argued by Greaves (1984), if nurse students were properly prepared to the professional nursing role, the curriculum for nursing must set forth what should be learnt in order to meet the learning needs of the students. The success of the practice placements in nurse education is dependent on how far the clinical curriculum is secured in assisting

nurse learners to succeed in mastering the professional knowledge and skills from clinical practice. Whether or not the nurse learners are provided with uniform approach to integrate the theory and practice, to acquire the professional knowledge and skills. The purpose of clinical curriculum should be made explicit so as to enable nurse learners to have clear learning goal about their clinical practice. The purpose of clinical practice is not to supply the service sector with a continuous labour force but to provide nurse learners with practicum to apply the skills and knowledge for actual patient care. The current approach to nurse education as revealed in the current study could be criticized in that nurse learners are prepared in the most pragmatic way allowing socialization to be the major educational process which maintains the traditions of nursing and minimizes any capability for change.

Nevertheless, developing an effective clinical curriculum is the first step towards improving the educational quality of clinical practice in nursing education. The quality of clinical learning depends very much on how well the clinical curriculum is being structured and applied. For instance, preparation of nurse teachers and clinical staff for their supervision role as well as maximizing clinical educational opportunities for nurse learners to observe and discuss aspects of care. Learning in the wards does not happen just by chance but requires careful rational planning of the education process with the co-operation of service managers and practitioners. Therefore, an effective clinical curriculum should be structured in a way that the content, the teaching methods and the assessment system are congruent with the aims and objectives set specifically for clinical practice (Morris, 1993).

Creating a supportive clinical learning environment

It must be acknowledged that learning in the practice setting does not occur in a vacuum. A supportive clinical learning environment is of paramount importance in securing the required teaching and learning process. The practice placement should be able to provide the students with an environment where students could get learning opportunities based on principles of experiential learning (Kolb, 1976).

The findings of the present study clearly indicated that students were lacking qualified teachers to guide their clinical practice. Most of the time, students had to rely on their own initiative or the help of the fellow students, largely senior students, for clinical supervision and support. To make clinical practice successful, nurse learners must have qualified teachers and clinical staff who have been prepared to help the students. Both nurse tutors and practitioners should have access to continuing education to enable them to take up the clinical teaching role as well as to maintain competency in clinical nursing practice.

In addition, it could be argued that systems of mentorship and preceptorship can be developed in which the expertise of the clinical staff can be utilized to facilitate student nurses' clinical learning. A mentorship system can provide clinical expertise to guide students' clinical practice and provide nurse learners with learning support and emotional support (Spouse, 1990). Clinical staff can act as role models to nurse learners through a preceptorship system (Quinn, 1995). Nevertheless, the implementation of mentorship and preceptorship system in Hong Kong needs careful planning and consideration so as to suit the local needs.

Apart from providing students with expert clinical supervision, the organization of nursing care from task-allocation to patient-allocation can also make a positive difference to students' clinical learning experience. In addition, the ward based assessment may need to be re-evaluated and re-examined to determine the appropriateness of the assessment format.

Pertinent issues to clinical practice

Despite the fact that the present study is only based on the views of a small number of student nurses, in terms of the evidence of the current study, there are some issues that are found pertinent to the nurse learners' clinical learning. Educators and practitioners in the wards could consider those issues in order to help nurse learners to learn better in the practice settings. Those issues are presented as follow:

1. Reflective and critical thinking may be an important aim of the pre-registration nursing programmes.

2. That in collaboration with nurse educators, each practice setting develops a learning programme which follows educational principles and gives clear learning goals and activities for nurse learners.

3. A balance between propositional, practical and experiential knowledge in the nursing course needs to be considered. Student nurses should be encouraged to reflect on their clinical experience and personal experience not only focusing on doing the menial tasks and routines.

4. That the curriculum in hospital-based schools of nursing be reviewed and updated to match theoretical learning with practice experience.

5. Nurse tutors should consider providing more clinical supervision and help the students to integrate the theoretical concepts learnt in school to actual clinical practice in order to narrow the theory and practice gap.

6. Provide in service training to clinical staff in preparing them to take up mentor or preceptor roles.

7. The delivery of nursing care should be considered by patient allocation rather than task allocation to offer greater learning potential to nurse learners.

8. The relevance and value of ward-based examinations should be re-evaluated and re-examined.

Questions for further research

Further study can be undertaken to study different years students' clinical practice experience to see if there is any difference between different years of students. In addition, other people's perspectives such as tutors, clinical staff, clinical assessors about clinical practice should be included so as to provide a more complete picture on the studied phenomenon.

Due to the personal restraints, in this study, professional translator was not employed for doing the translation and all the translation was done by the author. Problems related to translating interview transcripts should be taken into account. For instance, in some situations, it is found that it is inadequate to merely translated the words from the source text to the target text. Some of the expression in the interview transcripts may not make sense to people who were not bilingual in two languages and they may find it difficult to understand. In addition, sometimes, it is hard to achieve equivalency in some of the wordings and phrases between two languages. Although back translation is employed as a validity check and it is found that the original meaning of the interview transcripts are not lost as a result of translation, it can only provide some form of face validity on the translated interview data. Further research should be undertaken to address the issues of validity involved in translation of qualitative data in qualitative research.

The present study only offers some general criteria based on some educational concepts to assess the quality of student nurses' clinical practice experience and the quality of the learning environment. Further research should be undertaken to develop indicators for assessing good quality of clinical practice experience and good learning environment.

Undertake research using a sample of student nurses studying on bachelor of nursing programmes to see if problems are resolved or exacerbated by movement to tertiary education.

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APPENDIX 1

SYLLABUS OF SUBJECTS FOR THE EXAMINATION FOR THE CERTIFICATE OF REGISTERED GENERAL NURSE

THE NURSING BOARD
OF HONG KONG

Syllabus of Subjects for the Examination for the Certificate of Registered General Nurse

October 1989

PREFACE

The syllabus sets out in broad terms the subjects to be studied durihg the 3-year training for Registration in Hong Kong.

The concept underlying this syllabus is that of total patient care and primary health care. The syllabus is divided into seven main sections:

(1) CONCEPTS OF HEALTH
(2) SOCIAL AND BEHAVIOURAL SCIENCES
(3) BIOLOGICAL SCIENCES
(4) PRINCIPLES AND PRACTICE OF NURSING
(5) PROFESSIONAL NURSING
(6) INTRODUCTION TO NURSING MANAGEMENT
(7) SPECIALTY NURSING

These seven aspects of patient care should be learned concurrently throughout training. In this way the various needs of patients will be closely linked together, and their needs as individuals and as patients requiring nursing and specialized care and rehabilitation in preparation for returning home are met. The patient in hospital cannot be considered in isolation from the community and the nurse must be aware of the services provided by the Hospital Authority and Department of Health as well as voluntary organizations to help and safeguard individuals in their home and at work. The nurse also has an important role to play as a health teacher and she/he must have a knowledge of the factors in the environment which give rise to ill health. She/he will be called upon to advise patients and their relatives on how to care for themselves and their families in a way which will promote a state of physical and mental well being. The inclusion of a section on the Introduction to Nursing Management will form the basis for further post-registration courses. In addition the student nurses have to take two specialty nursing subjects out of four during the 3 years of training.

Learning will take place both in the school of nursing and in the wards and departments of the hospital with visits to community services. Teaching will be by means of lectures, tutorials, group discussions, project work and audio-visual aids, etc.

Since nursing is essentially a practical skill the major part of the training period will be spent in the wards and departments of the hospital, learning and practising nursing skill under the guidance of Registered Nurses. These skills and techniques are to be recorded in Book 2. Each student nurse will be responsible for her/his record which should be completed regularly in order to provide a detailed account of the training. This shall be done in consultation with the Registered Nurse supervising and teaching in the wards and departments.

The period of training is 3 years and student nurses will be required to pass the written examination and clinical assessments prior to Registration with the Nursing Board of Hong Kong.

GUIDE TO THE USE OF THE SYLLABUS OF SUBJECTS FOR EXAMINATION FOR THE CERTIFICATE OF REGISTERED GENERAL NURSE

The aim of the syllabus is to provide an appropriate balance between nursing theory and nursing practice so that newly qualified nurses have the knowledge, skill and attitude necessary to enable them to provide systematic individual patient centred care.

The syllabus is set out in broad terms only, since this allows for some adaptation to meet the rapidly changing methods of treatment and care. The underlying principle is the concept of total patient care and this comprehensive view should be stressed throughout the training period. An understanding of the nursing process, inter-personal relationship and communication is essential. The social and psychological factors which may contribute to, or arise from, the patient's illness should be emphasized.

The seven sections of the syllabus should be developed side by side to produce a safe practitioner of nursing with first line managerial skill.

Duration of Training

The period of training is 3 years which is equivalent to 156 weeks. This includes annual leave, public holidays and sick leave.

Balance between theoretical and practical training

1. *Theoretical training*

The total amount of time allocated for study blocks should not be less than 38 weeks and not more than 42 weeks. (see appendix A)

The Introductory Course should be 8–10 weeks. This should provide an elementary introduction and the opportunity to learn and practise basic nursing skills. Subsequent study blocks should commence at approximately the 6th month of training and thereafter be arranged at regular intervals. The major portion of the syllabus should be completed by two and half years. A minimum of 2-week study block should be arranged for consolidation of learning.

2. *Practical experience*

The majority of clinical experience will be gained in hospital(s). The minimum requirement for clinical experience during the 3 years of training is 100 weeks or 4 000 hours. (see appendix B)

Appendix A

LIST OF LECTURES IN THE CERTIFICATE OF INSTRUCTION
(for Registration Part I)

Subjects in the 3-year course	*Minimum number of Lecture hours given by nursing staff, medical/paramedical staff within the 38 to 42 weeks theoretical training period*
I. Nursing & general medical subjects	165
1. Principles & practice of nursing	12
2. First aid & emergency nursing	115
3. Medicine & related nursing	150
4. Surgery & related nursing	24
5. Paediatric & related nursing	15
6. Professional nursing	15
7. Introduction to nursing management	
II. Applied nursing subjects	67
1. Anatomy & physiology	18
2. Psychology	5
3. Primary health care	14
4. Personal & communal health	22
5. Nutrition & dietetics	16
6. Principles of pharmacology	10
7. Microbiology	4
8. Physiotherapy, occupational therapy and speech therapy	18
9. Sociology	
Total number of hours	670
III. Specialty nursing subjects (two out of four)	20
1. Community health & related nursing	20
2. Geriatrics & related nursing	20
3. Obstetrics & related nursing	20
4. Psychiatry & related nursing	
Total number of hours	40
Grand total number of hours	710

Appendix B

MINIMUM CLINICAL EXPERIENCE REQUIRED ON THE DISTRIBUTION OF DIFFERENT NATURE OF CLINICAL EXPERIENCE DURING THE 3-YEAR TRAINING

Different Nature of Clinical Experience	*Minimum Weeks*
I. Medical Nursing	20
II. Surgical Nursing	28
III. Paediatric Nursing	8
IV. Specialty Nursing (Two out of four)	
1. Community Nursing	2
2. Geriatric Nursing	4
3. Obstetric Nursing	4
4. Psychiatric Nursing	4
V. Operating Theatre & Recovery Room Nursing	4
VI. Accident & Emergency/Out Patient Department Nursing	2
VII. Central Sterile Supply Department/Theatre Supply Centre	1

APPENDIX 2
OPEN DIALOGUE OF THE INTERVIEW

" Hello, XX. Thank you for your coming to this interview today. Do you have questions that you want to ask concerning the interview? The interview will be carried out in a conversational style in which you only need to tell your clinical experience. The important thing is that you tell you lived experience on clinical practice. Only some broad questions concerning your working and learning experience in the wards will be asked. It would be OK for you to tell anything. There is no wrong or right answer. Strictly anonymity and confidentiality will be kept. No one will identify you in the study. The interview will last about 30 minutes."

APPENDIX 3
INTERVIEW TRANSCRIPT (ENGLISH)

I1: When you think back over your past two years' clinical practice, what do you remember most?

R1: Remember... there are many things. I remember about the ups and downs, the special and memorable things. And those things that I had never thought of that would happen. Do you want me to talk about those memorable things?

I2: Yes, the clinical practice in the wards in which you remember most clearly. Can you tell me more about that?

R2: The first time seeing a person's (patients) condition deteriorated and having a cardiac arrest was the most memorable. That's a terminal case. Seeing him (patient) with shortness of breath, dyspnea, sign and symptoms of shock and death...but it was NAR (No active resuscitation) and no special treatment would be given to him. You feel pity for him (patient). You feel miserable too. You could not give anything to the patients even though you saw him (patient) in pain and he was suffering. He (patient) probably knew that he (patient) would soon be leaving this world. It was very contradictory. I felt whatever nursing care given to him (patient) seemed to be useless. Any nursing care given to him (patient) was useless. He (patient) was pitiful. His mood was miserable and he (patient) was in pain. You did not know what to do. I felt very miserable about that. Not only nurses, people round him (patients) also felt sad for him (patient). A person who had been living in this world for so many years had to leave the world in agony and he (patient) could not pass away peacefully. I felt very sad for him (patients). Because it was the first time I saw this kind of thing, my eyes were brimming with tears. (NB. She was a bit upset as she told her experience).

Happy things...discharge from hospital. Patients who come in a state of cardiac arrest, and go through stages: "on the ventilator" , "wind off the ventilator", "off the ventilator", "start ADL " (activity of daily living) and " discharged from hospital". You feel very happy. However, these kinds of cases are few. It is really very rare for one (patient) to progress from the critical state to the state of complete recovery. It is very few.

It is very cruel to see people having an abortion. It is very cruel to do the induced abortion for a person who is already 5 to 6 months pregnant. The shape of a human figure is already formed. It is really cruel to ask student nurses to wear the gloves and to weigh it (dead fetus). I think it is very cruel. When you look at it (dead fetus) , it (dead fetus) still gets the heart beat and the heart is still beating. It (dead fetus) has got the respiration and the lungs are still expanding.

However, you just regard it (dead fetus) as trash. After weighing it, one just wrap it (dead fetus) in a plastic bag and places it (dead fetus) in the refrigerator waiting for incineration. No matter how treasured a life is, at that moment, you feel that life is miserable. It (dead fetus) has not given the right to choose to live or not. It (dead fetus) has to depend on others to determine whether it (dead fetus) can be alive or not. I think it is very miserable that it (dead fetus) does not have the chance to choose. Nevertheless, there are many factors influencing whether living a life is the best for it (dead fetus) or not. I feel that it is very cruel. It is really very cruel. It is the most memorable.

I3: Most memorable. What else?

R3: Ah... it is quite happy to be able to learn something. Others...that's all. Usually it is concerned with these kinds of things. Patients are nice to you if you are nice to them. All these things were memorable.

I4: It is mainly concerned with these kinds of things. Anything else?

R4: Yes, it is.

I5: Apart from what you have said about those memorable things in the wards, can you tell me more about your learning conditions in the wards?

R5: Learning conditions...truly speaking, it has to depend on the individual wards. In some wards, staff there are very nice. For instance, if they (staff) know you are going to have the AOM (administration of medication) examination, they (staff) are willing to accompany you to do the drug administration. However, in some wards... although I haven't experienced it myself, my classmates have got such experience. In those wards, they (staff) show signs of impatience in teaching students. You might have heard about my classmate' experience this morning. It was really too bad to her (classmate). At that time, she (classmate) was going to take her AOM examination in the ward. However, people (staff) in the ward thought that she (classmate) was not useful and she was not smart enough. Most of the time, she (classmate) was not given the opportunity to administrate the medication. Even some (patients) had been reserved for her (classmate) for practicing the drug administration, if the ward was busy, the staff only asked her (classmate) to do other things and did not allow her (classmate) to do the drug administration.

I think student nurses should not be treated as the manpower in the wards. Student nurses should not be counted as manpower. However, in the wards, student nurses are the most laborious. The staff just sit in the wards. I am not saying that the staff are loafing in the wards. However, at least, they (staff) should show understanding and sympathy for the student nurses.

The registered nurses (staff) should not be like that. When a patient asked the registered nurses (staff) for the bedpan, there was no reason for the registered nurses (staff) not to get the bedpans for the patient herself but to ask the student nurses to get one for the patient. In fact, she (staff) had to walk a long way before she (staff) was able to do that. I think the work should not be divided so strictly between the registered nurses (staff) and the student nurses.

Of course, some of the registered nurses (staff) are very nice and are willing to do the works. However, some of the registered nurses (staff) clearly draw a distinguished line between staff and students. For instance, they (staff) do not do the kinds of things such as changing an intravenous infusion drip or a heparin block. Most of the time, they (staff) just walk a long way to ask a student nurse to do that for them (staff). I do not mind to do those things if I am next to them (staff) . I am most willing to do that. However, I have been working so busy all the day and they (staff) just sit in the chairs talking all along. I think it is really too bad.

I1 如果你回想過往兩年在病房實習期間，你有什麼最記得呢？

R1 記得很多東西的。會記着開心的，而又不開心的。和一些非常特別，深刻的事情，沒有想過會發生的事情都會記着。你是否要我講述記得的事情呢？

I2 是的。在病房臨床實習那段期間，有什麼事情會記得呢？可否多說這方面的事情。

R2 第一次看見病人情況逆轉，心臟停頓，會相當難忘。是個末期病症，看見他(病人)呼吸困難，開始氣喘，看見呈現休克及死亡的徵兆時，但又是NAR (NO ACTIVE RESUSCITATION)。沒有特別的療程，你會覺得那病人非常痛苦，而你又沒有甚麼東西可以給予那病人，但又看見他痛苦和呻吟，而他(病人)又知道自己是時候離開這個世界，愛莫相當于有。我覺得給予什麼設施也是徒然的，你給予他(病人)也是沒有多大的用處，

20 × 20 = 400字

R2 他又是憐惜，心情又愁苦、又悲痛。你亦不知如何是好。我覺得非常辛苦，不單只是病人，其他身边的人，都非傷心難過。一個人生活了這麼久，最後卻要充極大的痛苦下離開這個世界，不能安詳地離世，我感覺到非常不愉快。第一次看見別人這樣，眼眶湧着淚水。

(註：當他描述他的经歷時，感到她有点難過。)

開心的事情，病人出院吧，譬如病人入院時是心臟停頓，後來靠呼吸器，慢慢移除呼吸器，到最後不用呼吸器幫助呼吸，可以開始日常的生活起居，及至可以出院，你會感到相當開心的。但是，這樣的例子相當少，很少例子會由情況那麼亮為，進展至康復，真是相當少的。

這是非常殘忍的，看見婦科有人做人工流產手術，會覺得相當殘忍，已经是五、六個月了，還要進行人工流產，已有人的雛形了，我覺得最為殘忍的是，要一個護士學生穿上手套，握那個死胎膠体重。我覺得相當殘忍。當你望着它(死胎)。看見它仍然有心跳，心臟仍然跳動，

R2 仍然有呼吸的。並且肺部仍然充張合，但是，你卻又當它是一件廢物，磅過体重後，还放置在膠袋內，放進雪櫃，等候焚化。在那刻，你會感覺到生命是何等可貴，但生命是痛苦的。他(死胎)完全沒有權利選擇生存与否，任由他人去抉擇他的生存、死亡。我覺得非常難受，根本就沒有選擇的權利。但無奈它的生存是受到很多東西所影響的，对於它，生存未必是一件好事，但是我感覺這是十分殘忍的。真是相當殘忍的，這些都是印象深刻的。

I3 还有其他嗎？

R3 當學會一些東西的時候，會相當開心，其他……都真不多吧，通常都是關乎這些事情，或者是病人覺得你对他好，會对你好些。這些都是難忘的。

I4. 主要都是關乎這些事情，有沒有其他呢？

R4 是的。

20 × 20 = 400字

I5 除了你剛才提及有关病房的難忘事情外，你可否請述你在病房的學習情況呢？

R5 學習情況，其实是相當在乎個別病房而言，某些病房的職員是相當好的。譬如當他們知道你參討派藥，他們會相當樂意与你一起派藥，但是，有些病房，我自己沒有遇過這類的事情，但我的同學卻遭過過，那些病房的職員會極不耐煩，可能今天早上你已聽聞我的同学提及到，他参派藥的時候，真是相當悲慘的，起初，那些人(職員)會覺得他沒有多大用處，又不夠醒目，常常不肯給机會她派藥，有時候，即使已預留給她派藥，如果病房繁忙，病房主任可會叫他處理其他事情，而不准他派藥。我認為護士學生是不應該視為職員一般去處理工作，不應該被視為人力資源，可是，在病房裏，護士學生往往是最為勞動的一群，反而病房的職員，只是坐在病房裏，我並不是說他們偷懶，但最底限度，他們應該体諒及同情護士学生。有時候，我覺得那些註冊護士太不應該了，這

20 × 20 = 400 字

R5 是不成理由的，當病人叫喚註冊護士拿便盆的時候，註冊護士只是使喚護士學生去拿便盆給病人，即是職員(註冊護士)需要跑得老遠才行，我認為並不需要將註冊護士與護士學生的工作劃分得這樣清楚。當然，亦有部分的註冊護士是相當好的，會樂意做各樣的事情，但是有些註冊護士卻一樣劃分界線，甚至要更換一個靜脈藥水或注射靜脈針藥的活塞，也要老遠去呼喚護士學生去幹。如果我在附近的話，我並不介意去做，我願意去做的，但我已經忙透了，整天也未停下來，而他們卻坐在椅子上聊天，不肯去做那些工作，我真的覺得不是太好了。

20 × 20 = 400 字

R 也顯得沒大用處。任何護理給予他(病人)，已是沒用了。他(病人)已是可憐極了。他的情緒已是很愁苦，此外，他(病人)已是在痛苦中，你亦不知如何處理，我感到非常難過。不只是護士們，其他病人身边的人都會為他難過，因為一個人曾在世活了多年，帶着極大的痛苦和不安祥地離開這個世界，我对此感到非常難過。因為這是我第一次看見的事，那時我還淚盈滿眶。(註：當地講述地經歷時，她感到有點難過。)

開心的事有……病人們出院。一些病人入院時心臟停止跳動，經過一段時期，需要倚靠呼吸機器幫助呼吸，跟着慢慢开斷呼吸机器，和關除呼吸机器在呼吸上的幫助，開始日常生活活動，和之後可以出院，你會感到為他開心。但是，我想這些例子是很少有的。這是很少會有一個例子由他情況惡劣至康復，這真是很少有的。

這是很殘忍的去看見一個人墮胎。這是非常殘忍的去幫助一個懷了五、六個月身孕的人，作

20 × 20 = 400 字

I1 當你回想過去兩年病房臨床實習，最令你難忘的是什麼？

R2 有很多東西令我難忘的。我記憶中的喜与樂，和某些特別和有紀念性的事情。同時，亦有一些我沒想過會發生的事情。你是否要我去講述那些記得的事呢？

I2 是的。那些關於你在病房臨床實習時，令你難忘的事，你可否說多些關於這方面的事？

R2 第一次看見(病人)情況差和心臟停止跳動，是很難忘的，那個是沒期病症，當你看見他(病人)開始表現呼吸困難、氣喘、休克徵狀和死亡……但這病人是不需要作「努力搶救」，和沒有特別療程可以施予的。你會感到同情這病人和你自己也感到很遺憾。這情況下，當你看到病人痛苦和呻吟時，你好像不能給予他一些特別東西，這病人多數已知道他將會很快離開這世界，這樣是非常矛盾的。我覺得任何護理施予他(病人)

20 × 20 = 400 字

R2 人工流產，因為已有了嬰孩的形狀，這是十分殘忍的去要求一個醫士學生穿上手套和去磅那個胎兒，我覺得這是十分殘忍的。當你看到它（死了的胎兒），它（死了的胎兒），仍然有心跳和心臟仍然在跳動的，它（死了的胎兒），仍然有呼吸，並且兩個肺部仍然張合，可是，你當它是廢物，磅過它的重量後，將它（死胎）包裹起來放進膠袋內，和存放在雪櫃內，等待焚化，無論你認為人生是如何美好，在那一剎那，你會感到生命是痛苦的，它（死胎）沒有權柄去選擇生命或死亡，它的生存或死亡是決定在別人手裏，我覺得對於它（死胎）無權選擇是很可憐的，但是，這亦會受很多東西影響的。如生存的話，对於它（死胎）未必是最好，我感到這是十分殘酷的，這是很殘忍的，這是最令我難忘的。

I3 還有其他嗎？

R3 嗯……當學到一些東西，這會很開心，其他……就是這些，通常都是關於這類事情，或者是病

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R3 人很感謝你对他們(病人)好，這好教深刻。

I4 這主要是関於這些事，並沒有其他麼？

R4 是的。

I5 除了你講述了有関那些在病房令你最難忘的事外，你可否說說你在病房的學習情況？

R5. 學習情況視乎個別病房，某些病房職員是非常友善的。例如，當他們知道你要考派藥時，他們是很樂意帮你一同派藥的。可是，在某些病房……我雖然未曾遇到這樣的事情，但我同學曾經過上。在那些病房，他們(病房)職員會表現不耐煩，你一定已聽過我同學今早的經歷。他真是非常慘的，當她考派藥時。起初，他們(病房職員)覺得她是一個沒用和不夠醒目的學生，所以他們不給機會她學習派藥。甚至當留下一些病人預備給她派藥時，假如病房牀躁，病房主任會叫他處理其他事而不准她學習派藥。我

20 × 20 = 400 字

RS 認為護士學生不應該被視為一般職員去處理病房工作，護士學生也不應該被視為人力資源，可是，在病房裏，護士學生是最辛苦的一群。病房職員只是坐在病房裏，我並不是說他們偷懶，但是，最低限度，他們應該对護士學生表示體諒和同情。當病人叫喚註册護士去給他人拿便盆的時候，註册護士便喚護士学生去拿便盆給病人，這是不合理的，即使職員需要行一段長路程才行。我認為病房工作是不該那麼嚴格地分為註册護士的工作和護士学生的工作。當然，亦有一些註册護士是很有善和樂意做各種工作，但是，有一些註册護士是很清楚劃出工作界線，就是要換一個靜脈盤水或者注射靜脈針藥的話，他們也叫喚護士學生去做，即使他們(職員)需要走一段路才能這樣做。我不介意處理這些工作如果我在他們附近，我是很願意做的。但是我已經那麼忙碌於工作，我已是整日不停地工作，而他們職員就坐在椅子上聊天而不願意去做那些工作的話，我想這真是不好的。

20 × 20 = 400 字

APPENDIX 4

LETTER FOR APPROVAL

I am writing to ask your permission for me to carry out a study in your School of Nursing. I am a M.Phil. student studying in the Department of Nursing of the Chinese University of Hong Kong , for the fulfillment of the requirement of the degree of Master of Philosophy in Nursing. I am planning to carry out a study on student nurses' clinical learning. My research topic is " The lived experience of student nurses and their perception of ward learning environment in the pre-registration nursing programme of Hong Kong".

At the present moment, little work has been done on student nurses' clinical learning in Hong Kong. However, as a nurse, I believe that clinical practice is crucially important in professional nursing education. In this study, I would want to find out what effects student practice placement has on their learning and the quality of service. I hope the study would provide some insight to improve the quality of nursing education and service in Hong Kong.

Currently in Hong Kong, there are ten schools of Nursing who are providing pre-registration nursing programs for registered general nurses. In order to obtain a general overall picture on the studied phenomenon, we would like all ten nursing schools to be included in the study. Therefore, your participation is particularly important to the success of this research study.

This research is carried out under the direction and supervision of Dr. P. French, Reader in the Nursing Department of the Chinese University of Hong Kong. He has undertaken a lot of research on nursing education. The present study addresses a selected portion of Dr. French's previous study on educational experience of student nurses in UK.

With your permission, I would like to interview two of your students who come to school for the study block. Only student nurses with at least one year of clinical experience will be selected for the interview. Each interview will last about 30 minutes. This means that I would only cause minimal disturbance to the work of your school.

In such a brief note, it is not possible to provide greater detail on the study objectives, Dr. French and I would be most pleased to discuss these further with you. Dr. French contact telephone number is and mine is I wish to assure you that I want to keep this findings anonymous and use them to give positive comment on the benefit of practice education and suggestions for improvement. Any future publication of the study will fully generalize findings and mask the identities of persons and agency for everyone's protection.

In the letter, I have enclosed the research outline for your reference. We would be grateful for any help and advice you can give. I am looking forward to your reply in anticipation.

Yours sincerely,

LEE Chun Heung, BN. RN.

APPENDIX 5
LETTER FOR STUDENTS

Dear

I am an M. Phil. student studying in the Department of Nursing of the Chinese University of Hong Kong. I have received consent to undertake some research in your hospital from the Hospital Chief Executive. The School of Nursing has given me permission to write this letter to you. I am undertaking some research focusing on nurse education. The title of the research is " The lived experience of student nurses on clinical practice and their perception of ward learning environment". The purpose of the research is to explore the relevance of clinical placement to current nurse education practice and the effects on all concerned. As a result of the survey recommendations will be made to those concerned with nurse education in Hong Kong.

By random sampling, you have been selected as a possible respondent for this study. If you agree to help us , We can assure you that the content of your interview will be confidential to myself and my supervisor Dr. Peter French only. Security of data is a prime concern of the Chinese University of Hong Kong. The report of this study will not mention you by name and the name of the hospital will also remain anonymous. Copies of the report will be forwarded to the Hospital Chief Executive and one copy will also be deposited in the Chinese University of Hong Kong. You will be welcomed to inspect a copy of the report at the Department of Nursing if you contact us in September 1995.

Because I cannot interview all students, we would like you to comment on what you feel and the opinions , beliefs and experiences of your classmates about clinical placement.

I would be most grateful if you could participate in a 30 minutes interview and your contribution would surely render this research fruitful.

I will contact you by phone to discuss the time and place to meet. If you wish to contact me, I am available on telephone ( ). In this letter, a consent form has been enclosed. Please kindly sign the consent form and return it to me at the time of the interview.

We hope you will help us with this research.

Yours sincerely,

APPENDIX 6
CONSENT FORM

CONSENT FORM

Dear student,

Thank you for your willingness to participate in this research project. Your participation is much appreciated. I would like to reassure you that as a participant in this project, you have several definite rights.

Firstly, your participation in this interview is entirely voluntary.
You are free to refuse to answer any question at any time
You are free to withdraw from the interview at any time.

This interview will be kept strictly confidential. Excerpts of this interview may be made part of the final research report, but under no circumstances will your name of identifying characteristics be included in this report.

I fully understand my right in this research study and I do consent to participate in this study.

---(signed)

---(printed)

---(dated)

APPENDIX 6
CONSENT FORM

敬啓者：

本人現就讀於中文大學之護理碩士課程，現正進行一項有關護士學生臨床學習之研究，題目爲「香港護士學生的臨床實習經驗、與及其對病室學習環境的觀感。」

透過上述之研究，希望可以找出一些有助改善護士學生臨床學習質素的方法。

這個研究的成功與否，有賴閣下可以撥空參與一個三十至四十五分鐘的個人訪問，如果閣下對這個研究有任何問題，可以通過聯絡電話向本人查詢。
(聯絡電話爲　　)

若閣下願意參與這個研究，請將自願書填寫交回，多謝合作!

李春香
研究生

自願書

本人願意參與上述之研究，並清楚明白本人享有以下各項的權利。

(一) 訪問全屬自願性質。

(二) 訪問過程中，本人有權拒絕回答任何問題。

(三) 本人可以隨時退出有關之研究。

(四) 訪問內容完全保密，並且在任何情況下，本人之身份將不會被透露。

_____ 簽署

_____ 正楷姓名

_____ 日期